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Award Number: W81XWH-05-2-0015

TITLE: Facilitating Smoking Cessation and Preventing Relapse in Primary Care:  
Minimizing Weight Gain by Reducing Alcohol Consumption

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## **Introduction**

This report summarizes progress made on Award Number W81XWH-05-2-0015 for the second project year, from December 27, 2005 through December 26, 2006. The project, "Facilitating Smoking Cessation and Preventing Relapse in Primary Care: Minimizing Weight Gain by Reducing Alcohol Consumption," involves developing and testing a brief intervention for use in primary care settings. The intervention is intended to help participants stop smoking cigarettes and stay quit by use of motivational interviewing, behavioral counseling and nicotine replacement therapy with an emphasis on reducing alcohol consumption as a strategy for minimizing weight gain related to smoking cessation. Participants are randomly assigned to one of two groups: a Brief Counselor Assisted Program (BCAP), or a Self-Guided Program (SGP), with the nicotine patch and bupropion (Zyban) available to all participants. Participants in the BCAP attend two 30-minute clinic appointments and have two counseling sessions by phone over a period of 8-10 weeks, where tobacco cessation skills are integrated with weight and alcohol reduction strategies. Participants in the SGP receive, in addition to the medication, a pamphlet discussing the most effective behavioral change strategies for tobacco cessation, how to minimize weight gain, and how to plan for and deal with possible relapses. Current smokers at 3-month follow-up, blocked by original group assignment, are randomized either to receive no further counseling or to attend one clinic booster session focusing on dealing with their individual obstacles to change. All participants will be followed up for 12 months. The study addresses three research questions: (1) Does an alcohol reduction strategy designed to minimize weight gain produce higher smoking cessation rates than a control treatment? (2) Does participation in a tobacco cessation program that includes an alcohol reduction component lessen the risk of relapse? (3) Does providing a stepped care intervention (booster) for participants who initially are unsuccessful at stopping improve long-term tobacco cessation rates?

## **Body**

The main activities planned to be completed during Year 2 involved completing development of the treatment protocol and data forms for the project, gaining approval of final materials from the Wilford Hall Medical Center IRB and the Nova Southeastern University IRB, and beginning the formal randomized controlled trial which is presently underway. A major issue that needed resolving was how to establish effective recruitment for the project. These activities will now be described in more detail. The original Statement of Work was itemized for each investigator and consultant and by necessity, therefore, included considerable redundancy. To make this report better organized and easier to follow, we first discuss progress made toward objectives shared among the investigators. Following that, individual Statements of Work will be presented.

### Finalize Formal Protocol

Finalization of the formal protocol was a major undertaking that involved collaboration among all of the investigators as well as Dr. Alvarez (Project Coordinator) and Ms. Brundige (Project Interviewer) and input from Dr. Baker, consultant to the project. The goal was to produce not only treatment guidelines for the BCAP and Booster conditions, but to produce relevant handout and homework materials that can be readily disseminated assuming they are found to be effective in the project. The result was a large amount of material (29 Word documents; 3 Excel forms, and one pdf). These documents are merged at the end of this report as Appendice-Treatment Protocol. These materials have all been approved by the required IRBs.

Another major element of finalizing the formal protocol involved developing recruitment procedures for the project. This task was complicated by the fact that by the time recruitment was begun, none of the original investigators was assigned to a position at Wilford Hall Medical Center (WHMC), and the Kelly Family Medicine Clinic (KFMC) in particular. This meant that recruitment fell mainly to the project staff, Dr. Alvarez and Ms. Brundige. As recruitment proceeded, several obstacles had to be overcome. One involved slight modifications to the inclusion criteria including matters such as reducing the alcohol consumption criterion from seven to four or more drinks per week (screening data showed that few patients reported drinking seven or more drinks per week, and four or more drinks still allowed considerable room for reduction of caloric intake). Each such revision of course had to receive IRB approvals before being implemented. It also proved not possible to rely on referrals from clinic staff to provide an adequate recruitment rate for the project. In the original protocol, referrals from the staff of the KFMC were expected to be the primary route of recruitment for the project. Drs. Peterson, Goodie, and Christopher Hunter all of whom formerly worked at the KFMC investigated this problem and it was concluded that the main problem was that the staff felt overburdened with their regular workload and that serving recruitment for our project was not a high priority for them given their other duties. It was the case that when project staff were present at KFMC the recruitment rate was higher, but as the caseload mounted and staff began to become busy with treatment sessions, this complicated recruitment. Next, we asked Ms. Dudley, the half-time research assistant for the project to conduct recruitment at the KFMC as her main duty. Shortly after that time, Ms. Dudley left employment. It was decided that given the recruitment needs, we would benefit much more by hiring hourly research assistant help rather than a replacement half-time research assistant. The duties and title of the position remain the same, but by hiring hourly employees we are able to cover more hours and more days using the same funds. This modification was arranged as part of the subcontract to the TRUE Foundation and hourly research assistants began working in mid-December. We also took several other measures to help with recruitment, including placing posters and flyers at strategic areas in the WHMC and KFMC and elsewhere on Lackland AFB, sending email notices about the study to persons eligible for services at WHMC, making presentations to staff at various WHMC units, arranging for an article in the base newspaper, and making reciprocal referrals with the Health and Wellness Center. Each

of these recruitment efforts required IRB approval before being implemented. Recruitment data, presented below in the Generate Reports section, demonstrate that although the obstacles were formidable at first, we have now gotten to a place where it appears that a reliable stream of participants will be entering the study. Nevertheless, in addition to the on site recruitment by research assistants at KFMC, we will continue corollary recruitment efforts such as further base wide emailings, posters at areas with heavy traffic of potential participants, and recruiting from primary care and internal medicine clinics at WHMC.

#### Development of the Assessment and Outcome Measures Database

With input from all investigators and Dr. Alvarez and Ms. Brundige and in consultation with the statistical consultants data forms for the project were developed and finalized. These forms (20 that will be computer entered and five for internal use), which operationalize the measures included in the protocol, are included as Appendix-Data Forms to this report. Data entry is being conducted through the use of Form Builder, an adjunct to the SPSS statistical program that facilitates data entry and reduces errors. Data are being double entered by independent data entry. A useful feature of Form Builder is that it facilitates double entry, comparison and correction of the data set. Once sufficient data have been gathered for preliminary analysis, the statistical consultants will begin generating reports.

#### Monitor Compliance and Integrity

Dr. Peterson conducts weekly on site supervision with project staff which covers active cases and issues. In addition, weekly conference calls are held involving all investigators and project staff. As well, Drs. Mark and Linda Sobell have made frequent site visits to WHMC to meet with Dr. Peterson, Dr. Alvarez, and Ms. Brundige. These meetings were helpful for protocol and data form development, but as the project got underway they also were useful for discussing case issues. All case issues are brought to the attention of investigators either at meetings or via email or telephone consultation.

#### Generate Reports

Once formal recruitment began, reports on screening, recruitment, and progress have been produced on a weekly basis. These reports are sent to the investigators by email prior to the weekly conference calls. Data from two of the reports are summarized below.

As of January 12, 2007, a total of 84 participants have had their first session (41 BCAP, 43 SGP) and 17 eligible participants are awaiting their first session, yielding a total of 101 participants at this point. The recruitment problems early on and their recent resolution are evident in the following table showing the number of participants who had their first appointment by month. It should be noted that recruitment began on July 21, 2007, following IRB approvals, that Ms. Dudley left employment on October 27, and her hourly replacements did not begin until mid-December.

Month	No. Began Study (Appointment 1)
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July	1
August	5
September	6
October	17
November	10
December	25
January (through January 19)	20

A total of 320 individuals have been screened for the study as of January 23. The most common reason for ineligibility has been alcohol consumption below the criterion.

### Other Objectives

#### **Mark B. Sobell, Ph.D.**

1. Hire project team members: Completed Year 1.
2. Finalize formal protocol, manuals: Completed, see above.
3. Help coordinate, with the biostatistician, the development of the final assessment-outcome measures database: Completed, see above.
4. Monitor compliance with, and integrity of, the treatment protocols: Ongoing.
5. Monitor the quality control of all the data collection required for the project: Ongoing.
6. Generate reports on outcomes of each new patient cohort administered the treatment protocols, in collaboration with the biostatistician: This objective will become effective once sufficient data have been collected to begin statistical analyses.
7. Update previous reports with most recent patient cohort outcome data, in collaboration with the biostatistician: This objective will become effective once sufficient data have been collected to begin statistical analyses.
8. Generate the final manuscripts of study results: This objective will become effective after the performance of the formal project has been completed.
9. Disseminate results and materials produced by the study: This objective will become effective after the performance of the formal project has been completed.

#### **Linda C. Sobell, Ph.D.**

1. Hire project team members: Completed Year 1.
2. Finalize formal protocol, manuals: Completed, see above.
3. Help coordinate, with the biostatistician, the development of the final assessment-outcome measures database: Completed, see above.
4. Train personnel in project intervention: Completed.
5. Monitor compliance with, and integrity of, the treatment protocols: Ongoing.
6. Monitor the quality control of all the data collection required for the project: Ongoing.
7. Generate reports on outcomes of each new patient cohort administered the treatment protocols, in collaboration with the biostatistician: This objective will become effective once sufficient data have been collected to begin statistical analyses.
8. Oversee the conduct of project follow-up: Ongoing.

9. Generate the final manuscripts of study results: This objective will become effective after the performance of the formal project has been completed.
10. Disseminate results and materials produced by the study: This objective will become effective after the performance of the formal project has been completed.

**Col. Alan Peterson, Ph.D.**

1. Review/coordinate IRB approvals: Completed.
2. Hire project team members: Completed Year 1.
3. Secure office space for WHMC grant staff: Completed.
4. Finalize formal protocol, manuals: Completed, see above.
5. Help coordinate, with the biostatistician, the development of the final assessment-outcome measures database: Completed, see above.
6. Coordinate the training of phone counselors this project: Completed.
7. Provide weekly clinical supervision of phone counselors and monitor compliance with, and integrity of, the treatment protocols: Ongoing.
8. Monitor the quality control of all the data collection required for the project: Ongoing.
9. Generate reports on outcomes of each new patient cohort administered the treatment protocols, in collaboration with the biostatistician: This objective will become effective once sufficient data have been collected to begin statistical analyses.
10. Update previous reports with most recent patient cohort outcome data, in collaboration with the biostatistician: This objective will become effective once sufficient data have been collected to begin statistical analyses.
11. Supervise WHMC military and grant staff in assessment and intervention procedures: Ongoing.
12. Generate scientific conference presentations of study preliminary results: This objective will become effective after the performance of the formal project has been completed.
13. Review/coordinate IRB amendments and annual reports: Ongoing.
14. Generate the final manuscripts of study results: This objective will become effective after the performance of the formal project has been completed.
15. Disseminate results and materials produced by the study: This objective will become effective after the performance of the formal project has been completed.

**Maj. Christopher Hunter, Ph.D.**

1. Revise intervention manuals: Completed, see above.
2. Assist in finalization of assessment instruments: Completed, see above.
3. Assist in training of military and grant staff to work in the primary care setting: Completed.
4. Generate manuscripts of study results: This objective will become effective after the performance of the formal project has been completed.

**Maj. Christine Hunter, Ph.D.**



1. Help coordinate, with the biostatistician, the development of the final assessment-outcome measures database: Completed, see above.
2. Assist in training of telephone counselors: Completed.
3. Assist in weekly supervision of phone counselors: Participates in weekly conference calls, but has separated from the military.
4. Generate manuscripts of study results: See above

**Lt.Col. Ann Hryshko-Mullen, Ph.D.**

Dr. Hryshko-Mullen is one of three Wilford Hall Medical Center staff members who have been added to the research team after the Permanent Change of Station (PCS) of Capt. Jeffrey Goodie, Ph.D. in August 2005. Dr. Mullen is the Chief of the Clinical Health Psychology Service at Wilford Hall.

1. Maintained Wilford Hall office space for all grant staff personnel: Ongoing.
2. Coordinated with Lackland AFB Tobacco Cessation Program to limit any overlap or conflict with proposed study and ongoing Tobacco Cessation programs: Ongoing.
3. Manuals: Completed, see above.
4. Assist in training staff to work in primary care setting: Completed.
5. Generate manuscripts of study results: This objective will become effective after the performance of the formal project has been completed.

**Maj William Isler, Ph.D.**

Dr. Isler is the second Wilford Hall staff member to newly join our research team.

1. Finalize formal protocol, manuals: Completed, see above.
2. Assist in Primary Care Training: Completed.
3. Assist in developing participant recruitment scheme in primary care setting: Completed.
4. Train military and grant staff to intervene in primary care setting: Completed.
5. Generate manuscripts of study results: This objective will become effective after the performance of the formal project has been completed.

**Capt Steve Schmidt, Ph.D.**

Dr. Schmidt is no longer at the Wilford Hall Medical Center.

1. Finalize formal protocol, manuals: Completed, see above.
2. Assist in Primary Care Training: Completed.
3. Assist in developing participant recruitment scheme in primary care setting: Completed.
4. Train military and grant staff to intervene in primary care setting: Completed.
5. Generate manuscripts of study results: This objective will become effective after the performance of the formal project has been completed.

**Keith Haddock, Ph.D.**

1. Provide consultation on development of data base for study and computerize data entry: Completed, see above.
2. Oversee entry of project data, plan for statistical analyses: Ongoing.
3. Conduct statistical analyses, consult on interpretation of findings: This objective will become effective when the project data base is sufficiently large to allow statistical analyses.
4. Generate manuscripts of study results: This objective will become effective after the performance of the formal project has been completed.

**Carlos Poston, Ph.D.**

1. Provide consultation on development of data base for study and computerize data entry: Completed, see above.
2. Oversee entry of project data, plan for statistical analyses: Ongoing.
3. Conduct statistical analyses, consult on interpretation of findings: This objective will become effective when the project data base is sufficiently large to allow statistical analyses.
4. Generate manuscripts of study results: This objective will become effective after the performance of the formal project has been completed.

**Timothy Baker, Ph.D.**

1. Provide consultation on smoking cessation treatment protocol and development of data base: Completed, see above.
2. Help monitor integrity of study implementation: Ongoing.
3. Provide consultation on data analysis strategies: This objective will become effective when the project data base is sufficiently large to allow statistical analyses.
4. Provide consultation on interpretation of results: This objective will become effective when the project data base is sufficiently large to allow statistical analyses.

**Key Research Accomplishments.**

- Developed and finalized treatment protocol and associated materials.
- Developed and finalized assessment and treatment outcome data forms.
- Gained required IRB approvals for treatment protocol materials and data forms.
- Began formal recruitment and overcame problems related to recruitment of participants.

**Reportable Outcomes**

As the formal research project only began recently, reportable outcomes are still few. One poster has been presented and is included as an appendix:

Sobell, M.B., Peterson, A. L., Sobell, L.C., Hunter, C.L., Hunter, C..M., Alvarez, L., Brundige, A., Hryshko-Mullen, A.S., Isler, W.C., & Schmidt, S. Facilitating Smoking Cessation and Preventing Relapse in Primary Care: Minimizing Weight Gain by Reducing Alcohol Consumption. Poster presented at the 2006 Department of Defense Military Health Research Forum, San Juan, Puerto Rico, May, 2006.

Another poster has been accepted for presentation at the annual meeting of the American Psychological Association and will be presented in August, 2007:

Sobell, M. B., Peterson, A. L., Sobell, L. C., Hunter, C. L., Hunter, C. M., Alvarez, L., Brundige, A., & Goodie, J. Alcohol Reduction to Facilitate Smoking Cessation and Prevent Relapse. Poster to be presented at the Annual Meeting of the American Psychological Association, San Francisco, CA, August, 2007.

### **Conclusions**

The project is ongoing and early objectives have been met in terms of developing materials and gaining IRB approval. Recruitment is ongoing and after overcoming some early problems is now proceeding at a desired rate. Although the evaluation of outcomes awaits the collection of sufficient data for preliminary analyses, progress to date has demonstrated the feasibility of the treatment protocol.

### **References**

None at this time.

### **Appendices**

Treatment Protocol

Data Forms

Poster

## **BETTER HEALTH: ONE STEP AT A TIME**

### **Appointment 1: Clinic**

#### **Goals (For Counselor's Information)**

- 1) Briefly review program (see **Program Overview** sheet)
- 2) Reviews aids to successful tobacco cessation
- 3) Review Zyban and Nicotine and determine if patient wants to use

#### **Provider Tools:**

- 1) Program Overview
- 2) How Many Puffs Chart

#### **A. Introduction**

- This first appointment will take about 30 minutes.
- Do you have any questions before we start?

#### **Today we will:**

- Briefly review the program
- Look at your motivation to quit smoking
- Give you a few short forms to complete and then I will discuss these with you and give you feedback based on your answers
- Discuss basics of smoking cessation
- Discuss your interest in using Zyban and the Nicotine Patch

Briefly review program before proceeding to readiness (**Program Overview**)

#### **B. Administer Decisional Balance Exercise – Handout 1A**

Tell patients:

- When people are making decisions, they often look at the costs and benefits of the choices they can make.
- This exercise will help you look at the good things and the less good things about smoking and quitting smoking.
- Specifically I want you to write down the costs and benefits of smoking here (point) and the costs and benefits of quitting smoking here (point).
- Remember that having mixed feelings often occurs when making decisions.
- Take a few minutes to fill this out and let me know when you have finished.

Ask patient to complete exercise and collect carbon copy. Summarize their statements using MI:

- What are some of the things that you like about smoking?
- What are some of the less good things about smoking?
  - Most patients will mention health during this discussion; point out the Health Effects Time Line – **Handout 1B**

### C. Discuss triggers that can affect quitting smoking: Tobacco Triangle – Handout 1C

There are **three major** types of **triggers** that can affect quitting smoking – behavioral/environmental, psychological, and physical.

**Behavioral/Environmental Triggers:** Certain behaviors and aspects of the environment (e.g. availability of cigarettes) can affect your chances of quitting and staying quit. Some are habits, such as having a cigarette after meals, smoking with certain friends, and so on. Others are cues in your environment such as ashtrays and other people smoking.

**As part of this program we will help you identify your own high-risk situations and develop plans for dealing with them.**

- ✓ A trigger of particular importance for this program is drinking alcohol. This is because for some smokers, drinking alcohol is associated with smoking.
  - In other words, for some people, drinking situations can be high-risk for smoking relapse.
  - Thus, plans for how to handle drinking situations may be an important part of your program for staying quit.
    - Ask: What percentage of the time, from 0% to 100%, when you drink alcohol do you also smoke cigarettes? (Record on provider form)
    - Ask: How do you think reducing your drinking would affect your stopping smoking? (Record on provider form)
      - It would help
      - It would neither help nor hinder
      - It would hinder
    - Reflect answers using MI techniques and inform patient that this will be discussed further in Appointment 3 within the context of alcohol reduction strategies.

#### **Psychological Factors:**

- **Habit Strength – How Many Puffs?**
  - One reason we want you to develop a quit plan in our next appointment is because if you have smoked for many years it has probably become a very strong habit
  - If smoking has become a strong habit for you, it can be so automatic that you may often reach for a cigarette without even thinking about it.
  - Do you have any idea how many times you have puffed on a cigarette since you started smoking?
    - Show **How Many Puffs chart** and reflect
    - It sounds like smoking has become a very strong habit for you and it will be important for you to increase your awareness of the frequency of your smoking as you start developing a plan to break the habit.
  - Another way that smoking can be a habit is that people often say they smoke when they are stressed. In Appointment 2 we will discuss some alternative ways to deal with stress.
  - Another factor that can help you increase your awareness of your habit is the cost of cigarettes.

- Review **Homework 1** on daily cost of smoking and encourage them to complete on their own
- In addition to changes you can make in your environment, you may also find that changing some of the ways you respond to situations will be helpful in quitting smoking (e.g., handling stressful situations). Part of Appointment 2 will involve considering some other ways of dealing with stress.

### **Physical Factors:**

- Some people experience nicotine withdrawal symptoms when they stop smoking.
  - Ask: What do you know about nicotine withdrawals?
    - After years of smoking, a smoker's body becomes physically dependent on the drug in cigarettes, which is nicotine.
    - When you stop smoking, your nicotine level drops until it is zero
    - Your body has to readjust to this change, which takes a few days and can be uncomfortable. This is called *nicotine withdrawal*.
  - Ask: When you have tried to quit before, what withdrawal symptoms have you experienced?
    - These and other withdrawal symptoms can be avoided or minimized by using Zyban, a nicotine patch or both. In addition, nicotine replacement therapy is one way people stop craving cigarettes.
- Before you leave today, I will review these options with you and develop a plan to use these aids, if that is something you want to do.

**Although quitting is hard, it is not impossible.**

**It is important to remember that although withdrawals are uncomfortable, countless smokers have successfully quit. There are two major ways to withdraw:**

- You can minimize withdrawals by slowly tapering the number of cigarettes you smoke so your body slowly readjusts.
  - However, some people find it very difficult to taper off cigarettes.
  - If you choose to taper, it is critical to set a quit date.
- A preferred way to put nicotine into your system where the taper can be controlled is by using the nicotine patch.
  - The patch provides nicotine through your skin.
  - You apply different patches over time to slowly lower the dose, until your body is nicotine free.
  - **This study can provide you with free nicotine patches.**
  - We also can provide you with a free prescription medication, Zyban, which can help you feel less uncomfortable when you quit.

**H. Review Nicotine Patch (NP) Handout – Handout 1D:** (each patient should have already been screened, cleared for the NP by primary care physician, and read handout given at screening)

- Review the reason for using the patch – to taper off the nicotine and avoid withdrawals.
- Briefly summarize information in each section and ask for questions.
- Determine if they would like to use the patch.
- **If no:**
  - For those who do not wish to use the patch, ask for any questions or concerns; clarify any misperceptions.
  - If they still don't want it, inform them that they may start it later in the program if they change their mind.
- **If yes:**
  - Inform them that they will start the patch on their quit date. Caution them not to start using the patch until they quit smoking cigarettes so that they can avoid a nicotine overdose.
  - Inform them that they will use one 21mg patch daily for 2 weeks, then decrease to 14mg daily for 2 weeks, and then finally use 7mg daily for 2 weeks. (*This schedule may be modified for those who wish to start at a lower dose*)
  - If side effects should occur and be bothersome, they should contact HITCH staff, who will direct them to either the pharmacist or their primary care provider depending on the nature of the complaint.
  - Inform them that they will be given an initial prescription to last until the third in-clinic appointment. They will receive their prescription for the remainder of the patches when they attend appointment 3.
  - Inform them of the day on which their prescription will be available at the Kelly Pharmacy (see schedule)

**I. Review Zyban Handout – Handout 1E:** (Each patient should have already been screened, cleared for Zyban by primary care physician, and read handout given at screening)

- Zyban has been found to be useful in helping people quit and stay quit.
- Briefly summarize information in each section and ask for questions.
- Determine if the patient would like to use Zyban.
- **If no:**
  - For those who do not wish to use Zyban, ask for any questions or concerns; clarify any misperceptions.
  - If they still don't want it, go to the Nicotine Patch.
  - Inform them that they may start it later in the program if they change their mind.
- **If yes:**
  - For those medically qualified, initial prescription is for 150 mg once daily for the first 3 days. If no unwanted side effects occur, the dose is increased to 150 mg twice a day with at least 8 hours between doses.
  - If side effects should occur and be bothersome, they should contact HITCH staff, who will direct them to either the pharmacist or their primary care provider depending on the nature of the complaint.
  - Inform them that they will be given an initial prescription for 30 days, enough to last until third appointment. They will receive their refill for another 30 days at the third appointment (in-clinic).

- Inform them of the day on which their prescription will be available at the Kelly Pharmacy (see schedule)

**\*\*\*\*\*IMPORTANT INFORMATION ABOUT QUIT DATE:\*\*\*\*\***  
**REVIEW THE FOLLOWING**

- We are going to ask you to set a quit date during the next appointment. It will be one to two weeks following that appointment.
- As a part of this program we want to put some protective factors in your life such as reducing the discomfort of withdrawal through medication, helping you develop good plans for dealing with high risk situations, and helping you take on a good mind set for quitting.

**If they wish to set quit date at NEXT APPOINTMENT and want to take meds:**

- Ask that they fill prescriptions for meds, but do not begin until next appointment.
- Inform them that they must be taking Zyban a week before quitting to receive its full benefit.
- At next appointment (on the phone), they will develop their quit plan and set days to begin Zyban and patch.

**If they wish to set quit date NOW, but are not taking meds:**

- Get out calendar for appointment 2.
- Have them mark quit date.
- Make note of quit date for study records.
- Remind them to use the magnet to post the calendar on their refrigerator.

**If they wish to set quit date NOW and want to take meds:**

- Get out calendar for appointment 2.
- Have them mark quit date and then assist them by indicating when to begin Zyban and patch.
- Make note of quit date and meds start date for study records
- Remind them to use the magnet to post the calendar on their refrigerator.

**J. In Summary**

- Besides using medications to minimize or avoid the discomfort of withdrawing, the basic approach we will use is to identify situations that may interfere with your quitting or may make you feel like smoking after you have quit and to develop plans for dealing with these high risk situations.
- At your third appointment in the clinic, we will focus on how to minimize weight gain, and how reduce your alcohol use which can also help you minimize weight gain as well as reduce the risk of relapse.
- At your third and fourth appointments, we will start developing specific prevention strategies to help you stay quit and avoid relapse.



## **K. Conclude Appointment**

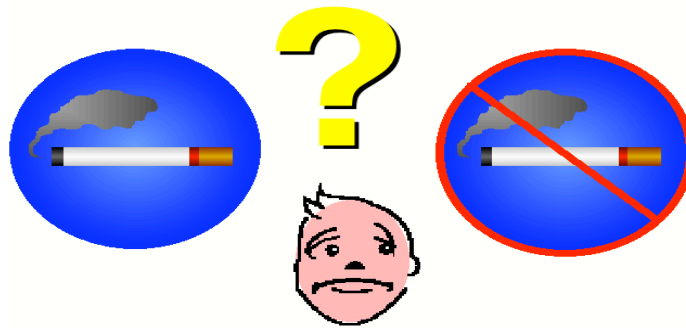
- Between this appointment and the next appointment, which is by phone, ask patient to read **Handout 2A: Coping With Triggers and Urges**
  - Ask patient to complete **Handout 2B: Preparing to Quit**. Ask each patient to try out methods that they think might be helpful for them and if they are helpful try to incorporate them into their regular activities.
  - Also remember to think about what day you will set as your quit date – at the next appointment we will ask you to set a quit date.
  - **Review plans for medications based on quit date decision.**
  - **Set day and time for second contact by phone call – remind them it is important to have folder with them on call.**
- 

## **Appointment 1: Forms and Materials**

- Handout 1A – Decisional Balance Exercise
- Handout 1B – Health Benefits Handout
- Handout 1C – Tobacco Triangle Handout
- Homework 1 – Costs of Smoking Exercise
- Handout 1D – Nicotine Patch Handout
- Handout 1E – Zyban Handout

**DECISION TO CHANGE EXERCISE**

One of the things that can help you clarify your thoughts about cigarette smoking is to list all the benefits and costs of quitting. This exercise is intended to help you think about what is involved in your decision to change. Remember that it is **your decision** to change! You are the one who must decide what it will take for you to tip the scale in favor of change.

**Good Things  
About Smoking**

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**Good Things  
About Quitting**

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**Less Good Things  
About Smoking**

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**Less Good Things  
About Quitting**

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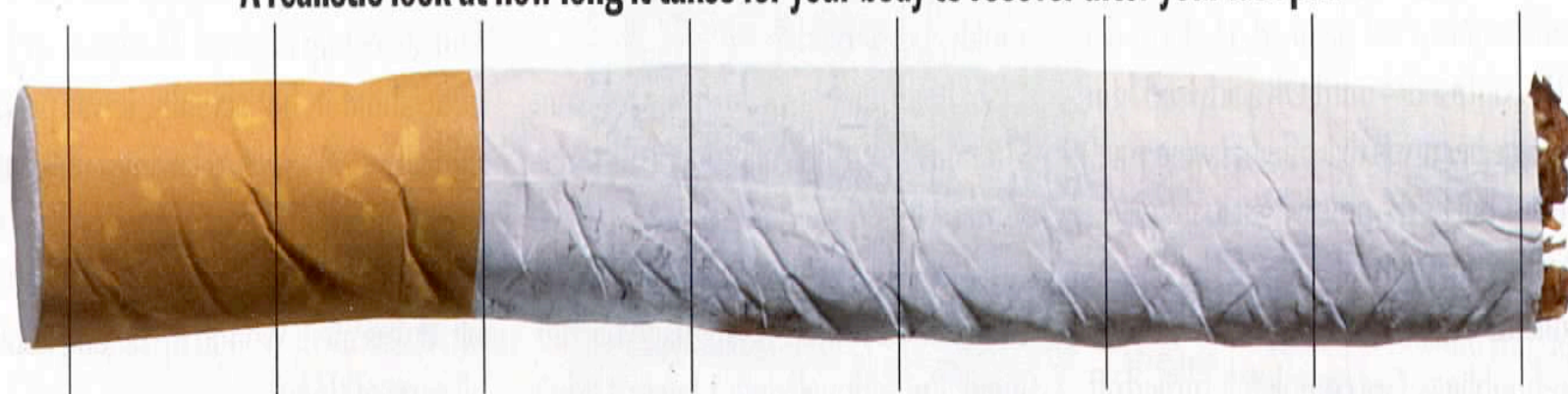
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# The Healing Time Line

A realistic look at how long it takes for your body to recover after your last puff



● Twenty minutes after quitting, your blood pressure decreases.

● Eight hours: The amount of carbon monoxide in your blood drops back to normal while oxygen increases to normal.

● Forty-eight hours: Your nerve endings start to regenerate, and you can smell and taste things better.

● One to nine months: Coughing, sinus congestion, fatigue, and shortness of breath decrease.

● One year: The added risk of heart disease declines to half of that of a smoker.

● Five years: Your stroke risk may be reduced to that of someone who never smoked.

● Ten years: Your risk of all smoking-related cancers such as lung, mouth, and throat decreases by up to 50 percent.

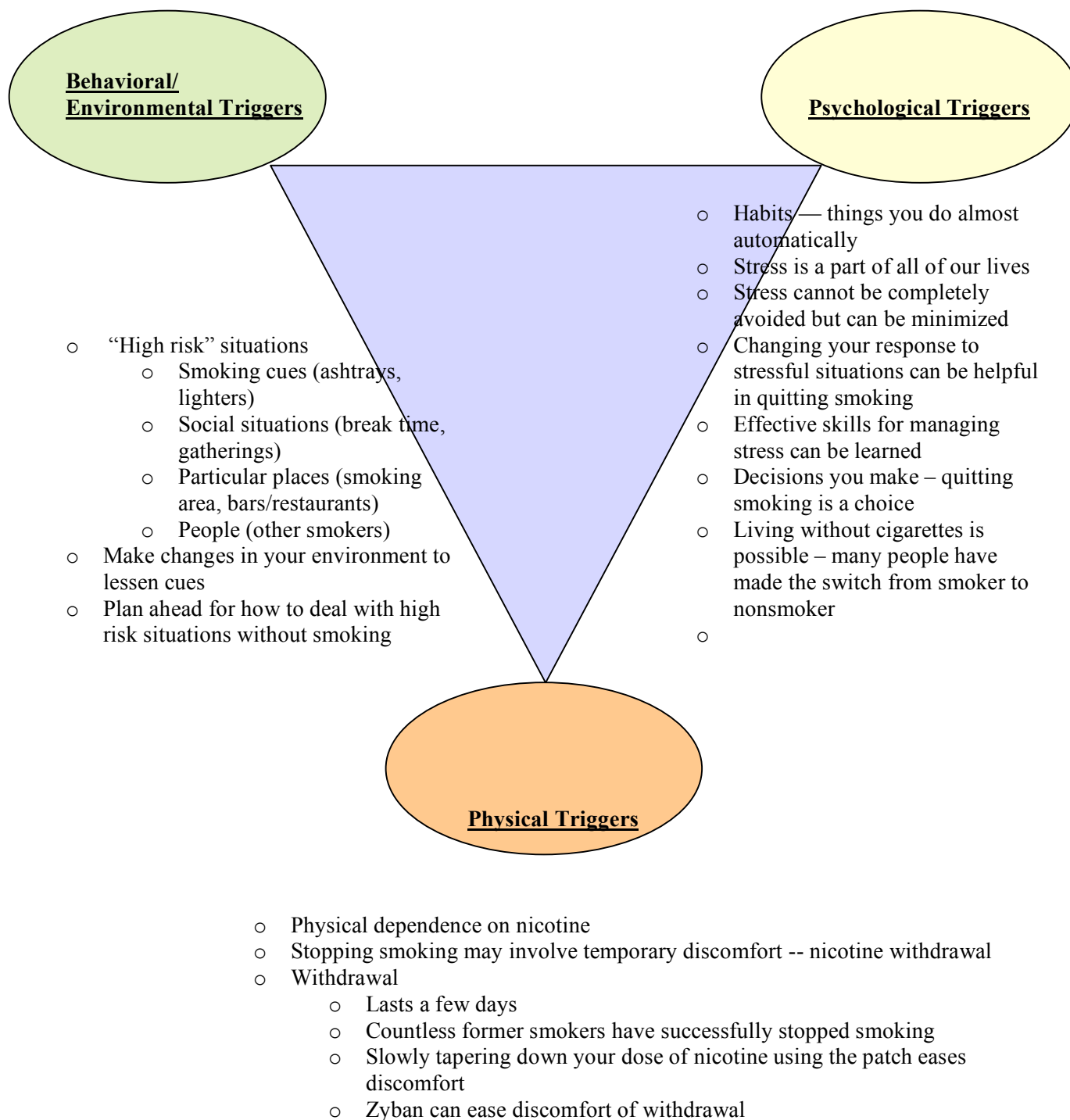
● Fifteen years: Your risk of heart disease and smoking-related death is now similar to that of someone who never smoked.

SOURCE: AMERICAN LUNG ASSOCIATION



## The Tobacco Triangle

There are three factors involved in maintaining smoking: physical, behavioral, and psychological. The importance of each area and how it contributes to smoking may differ from person to person. An effective tobacco cessation program should consider how all three of these factors may affect quitting and staying quit.



**FOR QUESTIONS or CONCERNS REGARDING NICOTINE:  
Please contact Project Staff at (210) 292-2909**

## **Nicotine Patch**

### ***What is the Nicotine Patch (NP)?***

The NP is a way to provide your body with nicotine. Nicotine is the substance that makes tobacco addictive. The NP helps you quit smoking by providing your body with the nicotine that it needs, and then slowly reducing the level, thereby reducing the symptoms of nicotine withdrawal. You start using the NP the day you quit using tobacco. After a few weeks, the dose of nicotine will gradually be decreased. The NP is generally safe and well tolerated. The nicotine patch is available under several brand names, including Nicoderm and Habitrol. When you wear a nicotine patch, a relatively constant dose of nicotine passes through your skin and into your body.

- However, the NP should be used with caution if you have heart disease, have had a recent heart attack (especially within the past 6 weeks), have frequent chest pain (angina), an irregular heart beat, uncontrolled high blood pressure, or an active stomach ulcer. If you have any of these conditions, please let the project staff know immediately.

### ***May I smoke while using the nicotine patch?***

No. Do not smoke at any time if you are using the nicotine patch or gum. If you smoke while using NP it is possible to get too much nicotine. This can cause you to experience an upset stomach and possibly vomiting.

### ***What can I expect when I am wearing the nicotine patch?***

When you first put on a nicotine patch, mild itching, burning, or tingling is normal and should go away within an hour. After you remove a nicotine patch, the skin under the patch might be somewhat red. Your skin should not stay red for more than a day after removing the patch. Some people experience vivid dreams or other disruptions of sleep while wearing the nicotine patch for 24 hours. If this happens to you, try taking the patch off at bedtime and putting on a new one when you get up the next day. Some people will have an increase in blood pressure while using the nicotine patch. In this program, we will monitor your blood pressure.

### ***What if my nicotine patch gets wet while I am wearing it?***

Neither water nor sweat will damage the nicotine patch while you are wearing it. You can bathe, shower, or swim for short periods while you are wearing the patch. However, if your patch comes off while you are wearing it, place the same patch back on using medical tape (the type that won't tear your skin when you remove it). This is important to remember because putting on a new patch may administer a higher dosage of nicotine than you need.

**FOR QUESTIONS or CONCERNS REGARDING ZYBAN:**  
**Please contact Project Staff at (210) 292-2909**

## **Zyban (Bupropion Hydrochloride SR, Wellbutrin SR)**

You can choose to use Zyban (also known as bupropion or Wellbutrin SR) or not use this medication, alone or in combination with other medications as long as you have a medical provider's approval.

**What is Zyban?** Zyban is a prescription medicine to help people quit smoking. The active ingredient in Zyban, bupropion hydrochloride, was originally used as a medicine to treat depression, but it was found to help people quit smoking. Some research has shown that taking Zyban roughly doubles your chance of success.

**How does Zyban work?** It is not clear exactly how Zyban helps people quit smoking. For many people, it reduces withdrawal symptoms such as irritability, frustration, or anger; anxiety; difficulty concentrating; restlessness; and depressed mood or negative affect. Some research has also shown that Zyban reduces the craving for cigarettes or urges to smoke for some people.

**What can I expect while I am taking Zyban?** Like all medicines, Zyban may cause side effects. The most common side effects include difficulty sleeping and dry mouth. These side effects are generally mild and often disappear after a few weeks. If you have difficulty sleeping, avoid taking your medicine too close to bedtime. The most common side effects that caused people to stop taking Zyban during clinical studies were shakiness and skin rash. Use caution before driving a car or operating complex, hazardous machinery until you know if Zyban affects your ability to perform these tasks.

Zyban may increase blood pressure, especially if it is used with the nicotine patch. Therefore, we will measure your blood pressure at session 3 of this program before you are given your refill.

Zyban may affect other medicines that you are taking. Please make sure that your physician knows about all medicines—prescription and over-the-counter—that you are taking or plan to take.

**Seizure Warning!** There is a chance that approximately 1 out of every 1000 people taking Zyban will have a seizure. The chance of having a seizure increases if you: have a seizure disorder (for example, epilepsy), have or have had an eating disorder (for example, bulimia or anorexia nervosa), take more than the recommended amount of Zyban, or take other medicines with the same active ingredient that is in Zyban, such as Wellbutrin Tablets and Wellbutrin SR Sustained Release Tablets

**Who else might be at increased risk of a seizure?** The risk of having a seizure may be increased in individuals with certain conditions. Please tell the project staff if you have any of the following conditions:

- Prior seizure (but not necessarily epilepsy)
- Prior head trauma (for example, a concussion)

- History of withdrawal symptoms from alcohol or other sedatives, or addiction to opiates, cocaine, or stimulants

***Who should definitely NOT take Zyban?*** You should NOT take Zyban if you:

- Have a seizure disorder (for example, epilepsy).
- Are already taking Wellbutrin, Wellbutrin SR, or any other medicines that contain bupropion hydrochloride.
- Have or have had an eating disorder (for example, bulimia or anorexia nervosa).
- Are currently taking or have recently taken a monoamine oxidase inhibitor (MAOI).
- Are allergic to bupropion.
- Are a woman who is pregnant, trying to get pregnant, or breast-feeding.





# HOW MANY PUFFS?



Number  
of  
cigarettes  
smoked  
per day

## Number of Years Smoked

	5	10	15	20	25
10	182,500	365,000	547,500	730,000	912,500
15	273,750	547,500	821,250	1,095,000	1,368,750
20	365,000	730,000	1,095,000	1,460,000	1,825,000
25	456,250	912,500	1,368,750	1,825,000	2,281,250
30	547,500	1,095,000	1,642,500	2,190,000	2,737,500
35	638,750	1,277,500	1,916,250	2,555,000	3,193,750
40	730,000	1,460,000	2,190,000	2,920,000	3,650,000

\*Figures based on 10 puffs per cigarette on average

**WHAT'S GOING UP IN SMOKE FOR YOU?**

For many people the idea of saving money can be a strong motivator for quitting smoking. You may or may not have yet stopped to think about how much you've spent in cigarettes since you started smoking, but it is likely that you've already spent more than you intended to.

**Get out your calculator and figure what it costs you to buy cigarettes.**

What is a pack cost you? \$\_\_\_\_\_ (#1)

How many packs do you smoke per day: \_\_\_\_\_ (#2)

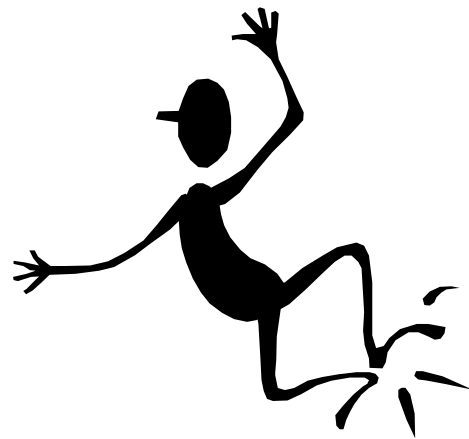
**Your daily cost of smoking cigarettes (#1 x #2) = \$\_\_\_\_\_ (#3)**

Using this figure fill in the following table and calculate the amount of money you would save if you quit and in the space below write in what you could buy with your savings.

<b>Cost/Day #3</b>	<b>1 month #3 x 30</b>	<b>1 Year #3 x 365</b>	<b>5 Years #3 x 1820</b>	<b>10 Years #3 x 3600</b>	<b>20 Years #3 x 7200</b>	<b>30 years #3 x 10,800</b>

**HOW MUCH WOULD YOU SAVE IF YOU  
QUIT SMOKING CIGARETTES?**

**AND HOW WOULD YOU SPEND YOUR  
SAVINGS?**



**If I Quit For 1 Month,** I Would Save \$ \_\_\_\_\_ and I could buy \_\_\_\_\_

**If I Quit For 3 Months,** I Would Save \$ \_\_\_\_\_ and I could buy \_\_\_\_\_

**If I Quit For 1 Year,** I Would Save \$ \_\_\_\_\_ and I could buy \_\_\_\_\_

**If I Quit For 5 Years,** I Would Save \$ \_\_\_\_\_ and I could buy \_\_\_\_\_

**If I Quit For 10 Years,** I Would Save \$ \_\_\_\_\_ and I could buy \_\_\_\_\_

**If I Quit For 20 Years,** I Would Save \$ \_\_\_\_\_ and I could buy \_\_\_\_\_

**If I Quit For 30 Years,** I Would Save \$ \_\_\_\_\_ and I could buy \_\_\_\_\_

***Exercise: Costs of Smoking***



## **BETTER HEALTH: ONE STEP AT A TIME**

### **Appointment 2 – 20 minutes (Telephone)**



#### **Goals**

1. If applicable: assess quit status and use of Zyban and patch
2. Reviews the two aids to quitting handed out at Appointment 1
  - **Handout 2A:** Coping with Triggers and Urges
  - **Handout 2B:** Preparing to Quit
3. Set quit date and review use of meds
  - Use **Handout 2C:** Calendar, to mark dates
    1. Start Zyban
    2. Start nicotine patch
    3. Quit date
4. Begin discussion for Appointment 3 on ways to minimize weight gain and reduce alcohol use: **Handout 3A:** Smoke, Drink, Weight

#### **A. Phone Appointment**

- This appointment will take about 20 minutes
- Briefly review the information from the last appointment (e.g. use of meds)

You completed a decisional balance exercise; we discussed environmental, psychological and physical factors that can trigger smoking; we discussed reasons for and appropriate ways of using Zyban and the nicotine patch. Do you have any questions about what we went over last time?
- Most of appointment 2 will focus on the handouts they received during appointment 1. (If they don't have the handouts available, reschedule for ASAP and courier more handouts if needed).

#### **\*\*\* For those patients who elected to quit earlier than study timeline only:**

- Assess quit status
- If quit, frame rest of appointment as giving additional support for continued success
- If relapsed, ask about when they started again and discuss relapse prevention
  - Identify high risk situations and develop ways to handle those situations
  - Introduce and discuss Handout 3F: Preventing Relapse/Mt. Stayquit
    - Although it is great when someone stops smoking and stays quit, for many it is a slower process.
    - This handout emphasizes the importance of having a realistic perspective on quitting smoking because although slips are unfortunate, they don't mean a person has failed.
    - It is like a person on a diet who one evening has a dessert. If they go back on the diet, the slip only sets them back a little.
    - If you should happen to slip, stop the slip as soon as possible and use the slip as a learning experience.
  - For the remainder of the appointment, discuss topics in the context of the patient's current quit status (i.e., discuss what they did to prepare for initial quit date, what worked well and what didn't work, develop a new quit plan and set a new quit date)

## **B. Coping with Triggers and Urges – Handout 2A**

Ask if they have read and completed handout. (If not, review and complete in appointment.)

- Inquire about triggers that they checked and discuss ways to avoid triggers or cope with them (using list in handout when appropriate)
- Review ways to deal with urges to smoke
- Discuss briefly the premise of the Stop and Think card
  - To interrupt impulsivity and urge to smoke by stopping and thinking for 20 minutes about what can be lost or gained by smoking or not smoking
  - Ask patient to think of what personalized statements or picture can be put on their card that they could look at during 20 minute “stop and think” timeout.
  - Patient comes up with whatever they want and/or picture of something that might remind them of why they should not smoke
  - Tell patient that we will discuss further and make the card at the next appointment so bring ideas, pictures, etc. to next appointment. (Refer to “Stop and Think” list on 2A)
- Discuss cravings and coping in terms of what they might be willing to try from the list and discuss any additional ways of coping they might have listed OR ask them to think of one or two more that are more individualized for them

## **C. Preparing to Quit – Handout 2B:**

Ask if they have read and completed handout. (If not, plan to review and complete in appointment.)

- Discussion will be around starting to prepare their environment so it is consistent with being a nonsmoker
- Discuss setting a quit date to occur within the next 2 weeks.
- Discuss each topic and review their plans for each

## **D. Calendar – Handout 2C**

- Ask patient to review Calendar – Handout 2C
- Discuss quit date within the context of choosing a date in the next 2 weeks and also a date that allows them to start Zyban 7 days prior to quit date (or as close as possible to 7 days); remind them this allows them to build an effective level of the medication
- Ask patient to circle date on calendar that they would like to quit smoking; also remind them that on this same day, they will begin using highest strength nicotine patch and to also make note of this on calendar
- Discuss Zyban start date as 7 days prior to that date (or as close to 7 as possible) and ask patient to circle and mark this date on calendar
- Encourage patient to use magnet to post calendar on refrigerator

**E. Looking ahead to Appointment 3:** Begin discussion on strategies related to minimizing weight gain and developing a plan. *(Keep in mind that in most cases the patient will not be obese)*

*and will not have a drinking problem. Keep the focus on smoking cessation and reduced alcohol use)*

- Research has found that when some people quit smoking, they may gain a small amount of weight.
- This program will help you to minimize weight gain by discussing reducing your alcohol use which, in turn, can reduce the number of calories you consume and can help you avoid gaining weight.
- Encourage patient to review appointment 3's **Handout 3A: How are Smoking Cessation, Alcohol Use, and Weight Gain Related?** before the next appointment, when we will be focusing on this topic.
- Also encourage patient to complete **Handout 3B: Personalized Feedback** before the next appointment. Indicate alcohol calorie information included in the handout

#### **F. Preparing for Appointment 3:**

- Review start date for Zyban (and dosage instructions)
- Remind patient to start using the patch as directed on the day they stop smoking
- Remind them to bring ideas for Stop and Think card so we can create it during next appointment
- Set date for Appointment 3, one week after quit date

#### **Appointment 2: Forms and Materials**

- Handout 2A – Coping with Triggers and Urges
- Handout 2B – Preparing to Quit
- Handout 2C – Calendar

**COPING WITH COMMON TRIGGERS and FINDING ALTERNATIVES TO SMOKING**

Sometimes certain cues are associated with smoking. For some people it might be helpful to avoid or remove such cues to reduce urges to smoke (e.g. lighters, ashtrays, matches, and other smokers). What cues, if any, might exist in your environment that might serve as a cue or trigger to smoke? Check any of the following that you think might cause you problems.

**COMMON TRIGGERS****ALTERNATIVES TO SMOKING**

<input type="checkbox"/> <b>Being around others who smoke</b>	<ul style="list-style-type: none"> <li>• Try to avoid them or leave the situation</li> <li>• Tell others you are trying to quit</li> <li>• Think of your reasons for quitting</li> <li>• Other:</li> </ul>
<input type="checkbox"/> <b>Talking on the phone</b>	<ul style="list-style-type: none"> <li>• Have healthy snacks available</li> <li>• Doodle with a pen</li> <li>• Break your usual phone routine (sit down, stand up, or change rooms)</li> <li>• Other:</li> </ul>
<input type="checkbox"/> <b>Taking breaks at work/home/school</b>	<ul style="list-style-type: none"> <li>• Eat a snack, chew gum or drink water</li> <li>• Go where smokers are not</li> <li>• Read a book/newspaper/article in a magazine</li> <li>• Take a walk</li> <li>• Other:</li> </ul>
<input type="checkbox"/> <b>Feeling bad or down</b>	<ul style="list-style-type: none"> <li>• Call a friend for support</li> <li>• Picture yourself as a nonsmoker</li> <li>• Start a hobby or plan new activities (read a book, jog, do other exercises)</li> <li>• Other:</li> </ul>
<input type="checkbox"/> <b>Drinking alcohol</b>	<ul style="list-style-type: none"> <li>• Switch beverages (e.g. from beer to wine)</li> <li>• Drink nonalcoholic beverages for a while</li> <li>• Other:</li> </ul>
<input type="checkbox"/> <b>Drinking caffeinated beverages</b>	<ul style="list-style-type: none"> <li>• Switch beverages (e.g. from coffee to tea)</li> <li>• Drink decaffeinated beverages for a while</li> <li>• Mix ½ decaf with ½ regular</li> <li>• Other:</li> </ul>
<input type="checkbox"/> <b>After a meal</b>	<ul style="list-style-type: none"> <li>• Get up after the meal, leave the table</li> <li>• Gargle or brush your teeth</li> <li>• Chew gum</li> <li>• Other:</li> </ul>
<input type="checkbox"/> <b>Driving</b>	<ul style="list-style-type: none"> <li>• Remove all cigarettes from the car</li> <li>• Clean out the ashtrays</li> <li>• Chew gum</li> <li>• Other:</li> </ul>
<input type="checkbox"/> <b>Coping with anxiety/stressful situations (i.e. after an argument with spouse/co-workers)</b>	<ul style="list-style-type: none"> <li>• Take a deep breath and go for a walk</li> <li>• Do something you enjoy (listen to music, read a book, watch TV)</li> <li>• Think of the reasons why you want to stop smoking</li> <li>• Other:</li> </ul>

**DEALING WITH URGES TO SMOKE**



**THINGS YOU MIGHT CONSIDER:**

- **Delay:** When the urge strikes, tell yourself that you will wait 10-15 minutes. By not satisfying the urge immediately, you begin to interfere with the routine of smoking and increase the probability that you will experience a reduction in the intensity of the urge.
- **Behavior Substitution:** This strategy is often used with the “delay” technique. It is the replacement of one behavior, smoking, with another behavior. For example, when you have the urge to smoke, you might decide to have a piece of gum, take a walk, draw or doodle, knit, play a game, brush your teeth, or any number of other things that would work for you.
- **Rewarding yourself:** This is an important strategy. Reward yourself when you have been successful at not smoking for a certain period of time. For example, go to a movie after not smoking for two weeks; buy yourself a CD or video after not smoking for one month, etc.
- **Escape:** When you are in a situation where you are tempted to smoke, leave, rather than smoke.
- **Seek Support From Others:** Talk to someone who will be understanding of your situation and will give you encouragement.
- **Rearrange Your Environment:** Put your ashtrays away, do not have cigarettes around, put reasons for quitting in key places, stock up on gum, nuts, fruit and vegetables to snack on, visit dentist and have your teeth cleaned, clean your house and car thoroughly.
- **Rearrange Your Activities:** Cut back on drinks associated with smoking, at least temporarily; put yourself into “no smoking” situations and places, try out new activities and places.

**STOP AND THINK ABOUT**

- Think about the positive benefits of not smoking.
- Think about the negative effects of smoking.
- Distract yourself by thinking about other things, especially positive things that hold your attention.
- Imagine yourself as a nonsmoker.
- Recognize that while quitting may seem difficult, many people have done it, so it is very do-able.
- Imagine your friends’ or family’s positive reactions as you stop smoking.

**THINK ABOUT A QUIT DATE**

Think about a date you want to quit smoking within the next few weeks. During the phone session, you will choose your quit date and post it on your calendar. Tell others about your planned quit date if you think this will help.

*I will quit smoking on \_\_\_\_\_*

**PREPARING TO QUIT**

- **Plan** your day in advance.
- **Avoid** smoking areas.
- **Change your routine** to take your mind off smoking.
- **Review your plan** for handling situations that might trigger an urge to smoke.
- **Tell close friends and family** of your quitting date and ask for their support.

**A PLAN WILL HELP YOU ...**

- Strengthen your decision to quit.
- Better handle cravings and withdrawal symptoms.
- Be better prepared to handle situations that trigger a desire for cigarettes.

**PREPARE YOUR HOME/OFFICE**

- Get rid of all ashtrays, matches, lighters, or pipes
- Empty car ashtrays
- Don't take work breaks with smokers
- Sit in nonsmoking sections of restaurants
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**PREPARE YOURSELF FOR THE FIRST FEW DAYS**

- **Switch brands**
- Don't buy cartons
- Eliminate places where you can smoke
- For every cigarette you crave wait an additional 5 minutes before lighting up
- Smoke only half of each cigarette
- Reduce the number of cigarettes smoked each day
- Switch to non-menthol cigarettes
- Other \_\_\_\_\_

**TIPS FOR QUITTING FOR GOOD**

- Get rid of anything that reminds you of smoking.
- Get rid of **ALL cigarettes and cigarette butts** (home, care, office).
- Pick what time you will do this and what you will actually do.
- Put every thing in one bag and throw it away, reward yourself by celebrating).

**ASK OTHERS FOR SUPPORT:** What friends can you ask for support and how can they help you?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ENJOYABLE ACTIVITIES:** What types of enjoyable activities that are not related to smoking can you engage in to reward yourself each week for not smoking?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PLAN THE NIGHT BEFORE**

If you smoke within 60 minutes of waking, prepare yourself – this is a particularly risky time for you. What will you do? **Think about your routine and how you can change it to make it easier to quit.**

- I usually get up at \_\_\_\_\_
- As soon as I wake up I will \_\_\_\_\_
- For breakfast I will \_\_\_\_\_
- Driving/going to work/school I will \_\_\_\_\_
- During work/class breaks I will \_\_\_\_\_
- After meals I will \_\_\_\_\_
- When spending time with my friends who smoke I will \_\_\_\_\_
- When watching TV or relaxing at home I will \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

START TAKING ZYBAN:

MY QUIT DATE /  
START USING PATCH:

H I T C H

MARCH						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

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START TAKING ZYBAN:

MY QUIT DATE /  
START USING PATCH:

H I T C H

APRIL						
S	M	T	W	T	F	S
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY						
S	M	T	W	T	F	S
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

PH# 292-2909

START TAKING ZYBAN:

MY QUIT DATE /  
START USING PATCH:

H I T C H

MAY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
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28	29	30	31			

JUNE						
S	M	T	W	T	F	S
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

JULY						
S	M	T	W	T	F	S
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PH# 292-2909

START TAKING ZYBAN:

MY QUIT DATE /  
START USING PATCH:

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PH# 292-2909

START TAKING ZYBAN:

MY QUIT DATE /  
START USING PATCH:

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PH# 292-2909

START TAKING ZYBAN:

MY QUIT DATE /  
START USING PATCH:

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PH# 292-2909

START TAKING ZYBAN:

MY QUIT DATE /  
START USING PATCH:

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PH# 292-2909

START TAKING ZYBAN:

MY QUIT DATE /  
START USING PATCH:

H I T C H

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PH# 292-2909

**HITCH: Health Improvement Through Changing Habits**

Session 2 Provider Form

Participant Number: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

**Complete data sheet**

**Review previous appt, info regarding meds**

Questions/concerns?

***Quit Plan: EARLY***

Zyban use?      Y      N      Side effects/problems?

Start date: \_\_\_\_\_

NRT use?      Y      N      Side effects/problems?

Start date: \_\_\_\_\_

Assess quit status:      QUIT      NOT QUIT

If quit: What's working?

If not quit: What prevented quit? When/why started again?

Reset quit date?

***Quit Plan: STUDY TIMELINE***

Meds obtained?      Y      N

Notes:

***Handout 2A – Coping with Triggers***

➤ List triggers for pt:

➤ Coping strategies tried/planned:



**HITCH: Health Improvement Through Changing Habits**  
Session 2 Provider Form  
Handout 2B – Preparing to Quit

Participant Number: \_\_\_\_\_

Date: \_\_\_\_\_

- Preparing home/office – plans?
  
- First few days – plans to taper?
  
- Support system:
  
- Reward plan:
  
- Night before/changing routine – plans?

Handout 2C – Calendar

Set Quit Date: \_\_\_\_\_

Start Zyban: \_\_\_\_\_

Start NRT: \_\_\_\_\_

Additional Notes:

**Set next in-clinic appointment:** \_\_\_\_\_ **at** \_\_\_\_\_  
Day/Date Time

**Reminder method:**      **email**      **phone**

## BETTER HEALTH: ONE STEP AT A TIME

### Appointment 3: Clinic

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#### Goals

1. Administer **Importance and Confidence Ratings form**.
2. If applicable, reassess quit status and, if not quit, discuss obstacles/problems, and try to get them to set a new quit date
3. Review Zyban and NRT patch use (review and verify specific info on med start dates for each patient)
4. Assess CO level and discuss with participant if discrepant with self-report
5. Discuss strategies related to minimizing weight gain through reducing alcohol use and strategies they are using from **Handouts 3A** and **3B** from Appointment 2
6. Review **Handout 3C**, Suggestions for Minimizing Weight Gain When Quitting Smoking
7. Introduce **Handout 3D** Healthy Snacks
8. Introduce **Handout 3E** Pedometer use and tracking
9. Discuss relapse prevention and each patient's own plan through discussion and review of **Handout 3F** Preventing Relapse.
10. Discuss Rationale and Develop Personalized Statement for **Stop and Think Card** for each patient

#### *Notes for Counselors:*

- a. Problem: Self-regulation is difficult when strong emotional urges to escape/avoid or to get something works against usual pattern of impulse control.
  - b. Many people do not like immediate distress. Therefore, distress promotes a short-term focus (i.e., people want to feel differently; or they want the thoughts and/or feelings to go away).
  - c. Addictive behaviors or substance use often gets people out of situations on a short-term basis, but typically long-term consequences can develop.
  - d. One option: Use a Stop and Think Strategy (SATS) and/or card.
  - e. Why Use SATS: Interrupts impulsivity and increases salience of long-term consequences.
  - f. How to Interrupt Impulsivity: Use 20-minute SATS and/or card
11. Introduce Appointment 4's **Handout 3G/4A** Identifying Triggers Exercise
  12. Give **Handout 3H**, NIH Quit Smoking pamphlet.

**A:** Administer **Importance and Confidence Ratings form**. Record on Provider form.

#### **B: Assess quit status/strategy**

- Inquire about use of Zyban and patch.
  - If using: Any side effects? Any problems?
  - If not using: What are the concerns? Identify barriers?
- Inquire about quit status
- Assess CO level using tester.

- If consistent with self-report, do not discuss test result.
- If not consistent with self-report, discuss using motivational interviewing.
- Address quit status
  - If still quit, encourage to continue to do what they have been doing and problem solve any anticipated concerns
  - If not quit, ask about when they started again. Treat relapse as a learning experience. Suggest resetting the clock by setting another quit date. Many people have multiple attempts to quit before they succeed, but they do succeed.

## **B. Discuss Handouts**

- **Handout 3A: How Are Smoking Cessation, Alcohol Use, and Weight Gain Related?**
  - Ask patient what he/she knows about alcohol and weight gain
  - Make sure patient understands the relationship – use MI techniques
  - Ask what strategies, if any, they have attempted as suggested in appointment 2 that might help them lessen the chance of gaining extra weight and how these worked.
  - Ask the patient what strategies they think are doable and will fit with their lifestyle
- **Handout 3B: Personalized Feedback**
  - Use MI strategies to explore the association between smoking and drinking for the patient. Follow questions on handout.
- **Handout 3C: Minimizing Weight Gain when Quitting Smoking**
  - Ask the patient what weight gain minimization strategies, if any, they have used in the past and how they worked.
  - Ask the patient what strategies they think are doable and will fit with their lifestyle.
- **Handout 3D: Healthy Snacks/Calorie Guide**
  - Briefly review list of low-calorie snacks
  - Give patient pocket calorie guide and encourage to use as a way to increase awareness of calorie intake
- **Handout 3E: Pedometer use and tracking**
  - Emphasize the importance of increasing activity level, even in small amounts, in order to increase calories burned and help prevent weight gain

## **C. Relapse prevention planning:**

- Introduce and discuss **Handout 3F: Preventing Relapse/Mt. Stayquit**
  - Although it is great when someone stops smoking and stays quit, for many it is a slower process.
  - This handout emphasizes the importance of having a realistic perspective on quitting smoking because although slips are unfortunate, they don't mean a person has failed.
  - It is like a person on a diet who one evening has a dessert. If they go back on the diet, the slip only sets them back a little.

- If you should happen to slip, stop the slip as soon as possible and use the slip as a learning experience.
- Introduce **Handout 3G/4A: Identifying Triggers.**
  - Complete Page 1 checklist to identify trigger situations
  - Encourage patient to complete Page 2 prior to Appointment 4 on the phone - Ask them to develop plans for dealing with high risk situations and managing any slips.

#### **D. Develop Personalized Statement for Stop and Think Card**

- When people experience distress, they do not like it; distress promotes a short-term focus that is “make it stop.”
- When this happens some people respond by engaging in problem behavior to immediately escape the situation or feeling.
- Best long-term response is to hold back your impulses and sit on your anxiety!
- While holding back your impulsivity means experiencing some slight distress, it avoids the long-term negative consequences of acting too quickly.
  - *TH:* What is the worst thing that will happen if you don’t act on the impulse or if you experience the feelings of anxiety (deal with fear of feeling anxious)
  - Goal: to communicate that anxiety is normal and that many people sit on their anxiety.
- Handling Distress: Use structured timeout to think of what can be lost or gained by engaging or not engaging in the target behavior.
- Stop and Think Card helps patients learn impulse control by interrupting impulsive behaviors cognitively (thoughts) and behaviorally (actions).
- Because it is unusual for strong impulses to stay strong for as long as 20 minutes, if you wait your unwanted feelings/thoughts will often fade/disappear so you can make more reasoned decisions.
- After discussion of rationale, ask patient to give you what they want to put on a card they could look at during the 20-minute “stop and think” timeout.
- Prepare and laminate card during appointment and give to patient (keep a copy for counselor reference)

#### **E. Give Handout 3H, NIH Quit Smoking pamphlet.**

- Emphasize that the handout summarizes the gist of our approach: One can help minimize smoking cessation related weight gain by reducing alcohol consumption.

#### **F. In preparation for Appointment 4:**

- Start using Stop and Think card as part of relapse prevention/quit strategy as needed
- Complete **Handout 3G/4A: Identifying Triggers** exercise for discussion in Appointment 4.
- If relevant, continue to use Zyban and patch as prescribed.
- Continue using effective weight gain prevention and alcohol reduction strategies.

**G. Set day and time for fourth appointment (phone call)**

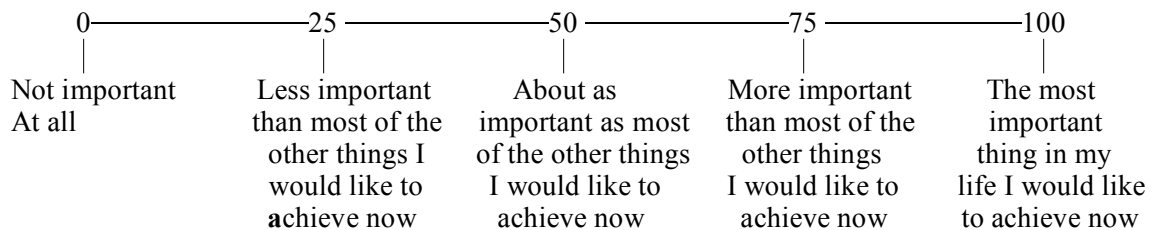
**Appointment 3: Forms and Materials**

- **Importance and Confidence Ratings Form**
- **Handout 3A:** How Are Smoking Cessation, Alcohol Use, and Weight Gain Related?
- **Handout 3B:** Personalized Feedback
- **Handout 3C:** Minimizing Weight Gain when Quitting Smoking
- **Handout 3D:** Healthy Snacks/Calorie Guide
- **Handout 3E:** Pedometer use and tracking
- **Handout 3F:** Preventing Relapse
- **Handout 3G/4A:** Identifying Triggers
- **Stop and Think Card**
- **Handout 3H:** NIH Quit Smoking Pamphlet

## Session #3 (In-Clinic)

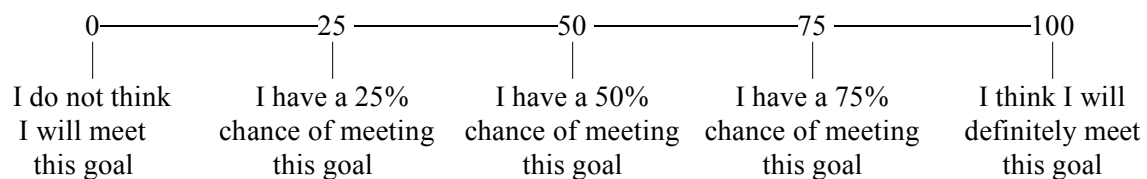
Date: \_\_\_\_\_

When you entered this study you said your goal was to not smoke cigarettes. **At this moment, how important** is it that you meet this goal?



**Write the importance rating of meeting your goal (from 0 to 100) here:** \_\_\_\_\_

When you entered this study you said your goal was to not smoke cigarettes. **At this moment, how confident** are you that you will meet this goal?



**Write your confidence rating (from 0% to 100%) here:** \_\_\_\_\_

## HANDOUT 3A

### How Are Smoking Cessation, Alcohol Use, and Weight Gain Related?

#### Do people gain weight when they quit smoking?

Research has found that when people quit smoking, some may gain a small amount of weight. The average weight gain is about 5-7 lbs.

#### Why do people gain weight after they quit smoking?

- **Eating**—food might taste better or people might substitute eating for smoking
- **Metabolism may decrease**—nicotine is a stimulant and speeds up the metabolism—when you quit, your metabolism may decrease because you aren't using nicotine. Using the nicotine patch and other nicotine replacement therapies can help in this regard.
- **Eat when bored**
- **Eat when stressed**

As part of this program, we will discuss ways you can reduce your alcohol use which, in turn, can help you reduce the number of calories you consume and minimize weight gain.

#### There are two important ways that your use of alcohol can affect your smoking cessation experience.



#### #1: BECAUSE ALCOHOL CONTAINS SUGAR IT ADDS CALORIES TO YOUR DIET

- One concern of some people who stop smoking is that they may gain weight.
- However, a person's weight gain can be minimized by restricting the number of calories consumed and exercising more.
- A quick and easy way to reduce your caloric intake is to reduce your alcohol use. Each drink you consume contains 100 or more calories.







## #2: DRINKING ALCOHOL CAN SERVE AS A TRIGGER TO SMOKE CIGARETTES: BE VIGILANT!

- Smoking cigarettes and drinking alcohol may occur at the same time; consequently, drinking alcohol can unintentionally serve as a cue to smoke cigarettes.
- In other words, for some people, drinking situations can be high-risk for smoking relapse.
- Thus, plans for how to handle drinking situations may be an important part of your program for staying quit.

## STANDARD DRINK EQUIVALENTS AND CALORIES:

Different alcoholic beverages differ in the amount of alcohol they contain.

The following chart shows you what amounts of different alcoholic beverages contain the **same amount of alcohol**.

1 drink =	
 1 - 12 oz can/bottle of 4% - 5% beer	
 1 - 5 oz glass of 12% table wine	
1 - 12 oz wine cooler	
 1 - mixed or straight drink with	
1 ½ oz of hard liquor (e.g., rum, vodka, whiskey)	

## Caloric content of common alcoholic beverages

- Although a 12 oz beer and a 5 oz glass of table wine contain the same amount of alcohol, there are more calories in the beer than in the wine.
- Although alcohol does not contain fat, it is loaded with calories from the sugar it contains. Furthermore, when you add in mixers, juice, or other ingredients, the calories add up.



## Beer

- A 12-ounce beer or nonalcoholic beer has about 150 calories. However, light beer, at about 100 calories, is a less fattening alternative.

## Wine

- Sweet wines, such as port, sherry, and dessert wines, have sugar added to the fermentation and thus have a higher alcohol concentration — typically about 20% alcohol.
  - There are about 100 calories in every 5-ounce glass of red or white table wine or champagne.
  - There are about 225 –calories in a 5-ounce glass of sweet dessert wine.
  - **Calories Count:** If you drink 2 glasses of red wine before dinner, and a glass of dessert wine after dinner, you have added about 425 calories to your meal.

## Hard Liquor

- All hard liquors – gin, rum, vodka or whiskey — contain the same amount of calories.
- However, mixers can add many additional calories to drinks.
- Here are some examples of the number of calories in common mixed drinks:
  - 2-oz Manhattan = 125 calories
  - 5-oz Blood Mary = 115 calories
  - 8-oz Gin and Tonic = 170 calories
  - 5 oz Pina Colada = 300 calories
  - 3-ounce whiskey sour = 125 calories

## Alcohol and Weight Gain

- Calories in alcohol have no nutritional value and they also increase body fat.
- Because calories in alcohol are used before stored fat calories; people who are overweight will gain weight more easily when they drink alcohol.
- Calories from alcohol tend to be stored in the stomach.

## Calories From Alcohol Add Up Quickly

- If you drink 2 beers (150 calories per beer) every day for a week, these 14 beers will add 2,100 calories to your weekly calorie count. This adds up to **15 pounds of body fat per year.**
- 2 glasses (100 calories per 5-ounce glass) of red wine every day will add about **10 pounds of body fat per year.**

### **Some Suggestions to Minimize Weight Gain:**

- Avoid drinking alcohol with a regular pattern and do not drink every day.
- Minimize or avoid high fat, high calorie snacks (e.g., potato chips) as they often go hand in hand with alcohol use.
- Drinking for the effects or to get intoxicated is risky because over time a person needs to drink more alcohol to achieve the same effect.
- Make drinks last longer — limit your drinking to no more than 1 drink per hour.
- Alternate non-alcoholic drinks between alcoholic drinks.
- If drinking beer and wine, select those with lower alcohol content (e.g., light beer).
- Notice people, places, or times that may put you at risk for heavier alcohol use.
- Decide when, where and how much you will drink ahead of time. That is, stop and think before you drink. **Not drinking can be a good option.**

### **Recommended Guidelines For Moderate Alcohol Use**

The following guidelines are based on several large studies that suggest that if most people drink below these guidelines, they generally will not have problems or put themselves at risk of alcohol problems.

**Males:** *No more than 12 drinks per week, no more than 3 drinks in a day, and no more than 1 drink per hour.*

**Females:** *No more than 8 drinks per week, no more than 2 drinks in a day, and no more than 1 drink per hour.*

# One Way to Minimize Weight When Quitting Smoking



PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR ALCOHOL USE IN THE PAST YEAR

**Question 1:** On average how many days per week did you drink alcohol? \_\_\_\_\_ days per week

**Question 2:** When you did drink, **on average**, how many **standard drinks** did you consume per day? \_\_\_\_\_  
(1 **standard drink** = one 12 oz can beer or one 5 oz glass of wine or 1½ oz hard liquor straight or in a mixed drink)

**Question 3:** To determine how many drinks you consumed on average per week **in the past year**, multiply your answers to Questions 1 x 2 and write your answer here: \_\_\_\_\_ drinks per week

**Question 4a:** When I drink, the type of alcoholic beverage I **usually or most often** drink is \_\_\_\_\_

**Question 4b:** Use the attached alcohol calorie table to determine how many calories your usual alcoholic beverage contains and write the answer here: \_\_\_\_\_ calories per drink

**Question 5:** Multiply the number of drinks per week in **Question 3** times the number of calories in your usual beverage from **Question 4**

$$\begin{array}{ccccccc} \text{_____} & \text{X} & \text{_____} & = & \text{_____} & \text{Answer to Question 5} \\ \text{Answer to Question 3} & & \text{\# of Calories from Question 4b} & & & & \end{array}$$

**Question 6:** Take the answer from Question 5 and multiply it by 52 (number of weeks in a year)

$$\begin{array}{ccccccc} \text{_____} & \text{X} & 52 & = & \text{_____} & \text{Answer to Question 6} \\ \text{Answer to Question 5} & & & & \text{Number of Calories Per Year} & & \end{array}$$

**Question 7:** There are 3,500 calories in a pound. Divide the number of additional calories per year by 3,500 to determine your potential weight gain in one year from alcohol consumption.

$$\begin{array}{ccccccc} \text{_____} & \div & 3,500 & = & \text{_____} & \text{Answer to Question 7} \\ \text{Answer to Question 6} & & & & \text{Pounds I gained from drinking alcohol last year} & & \end{array}$$

If you drink the same amount of alcohol in the next year as you drank in the past year, you could potentially gain the number of pounds listed in your answer to Question 7 above.

---

## ONE LAST THOUGHT FOR KEEPING WEIGHT OFF

Some recent figures show that active duty personnel put on about 1-2 pounds per year. That may not sound like much, but it means the average person will gain 10-20 pounds over a 10-year period. Therefore, finding ways to keep the pounds off are important.

One thought is that you could keep weight off by reducing your alcohol use by just a few drinks a week. If you drank

- 1 drink less per week, you would lose about 2 pounds.
- 2 drinks less per week, you would lose about 4 pounds.
- 3 drinks less per week, you would lose about 6 pounds.

It is really up to you. As you can see, the more you cut back the more you can control your weight.

### **SOME SUGGESTIONS FOR MINIMIZING WEIGHT GAIN WHEN QUITTING SMOKING**

- **Eat in One Place:** (e.g., at the kitchen table)
- **Do Not Clean Your Plate:** despite your mother's warning, kids won't go hungry if you don't clean your plate
- **Follow an Eating Schedule:** don't let yourself get overly hungry as you will more likely overeat
- **Slow Your Eating Rate:** put your fork down between bites
- **Shopping for Food:** shop on a full stomach; shop from a list; buy foods that require preparation
- **Storing Foods (out of sight, out of mouth):** hide the high-caloric foods (out of sight can help you reduce impulsive eating)
- **Keep Healthy Snacks Available**
- **Serving and Dispensing Food:** remove serving dishes from the table to prevent second helpings; leave the table after eating; serve and eat one portion at a time; wait 5 minutes and re-evaluate your hunger before getting seconds
- **Eating Away from Home:** order a la carte meals; order salad dressing on the side and dip your fork before spearing the lettuce; watch for hidden calories; avoid large servings; limit alcohol intake; beware of the breadbasket; be wise with dessert

## **Healthy Snack Ideas**

Snacking is a common alternative to smoking when people are trying to quit. Because snacking can lead to weight gain, choosing healthy snacks can help you minimize weight gain after you quit.

The following snacks contain about 100 calories:

- **1 large celery stalk with 1 Tbsp peanut butter**
- **20 baby carrots with 2 Tbsp fat-free ranch dressing**
- **1 cucumber with lemon juice and spicy seasoning**
- **1 small apple with 1 Tbsp peanut butter**
- **1 piece of beef jerky**
- **1 dill pickle (only about 25 calories)**
- **1 cup popcorn with 2 tsp parmesan cheese**
- **1 serving fat-free pretzels**
- **6 saltine crackers**
- **3 squares of a regular graham cracker**
- **3 vanilla wafers**
- **10 animal crackers**
- **1 oatmeal or peanut butter cookie**
- **Low fat granola bar**
- **1 oz box of raisins**
- **1 cup grapes**
- **$\frac{3}{4}$  cup fruit cocktail in its own juice**
- **$\frac{1}{2}$  cup fat free pudding**
- **1 regular popsicle**
- **1 low calorie fudge bar**

**What is a pedometer?**

- A pedometer is a device that attaches to your waistband and records each step you take.
- A pedometer is a great way to keep track of your daily physical activity.
- Many health professionals recommend a goal of taking 10,000 steps per day. Research shows that most inactive people take only 3,000-5,000 steps per day. When inactive people add a 30-minute walk to their daily routine, they tend to meet the 10,000 step goal.

**Getting started using your pedometer**

- The pedometer may be worn on your belt or waistband of your slacks or skirt.
- Make sure the pedometer is parallel to the ground (straight up and down). If it is tilted, it may not give you correct readings.
- Put your pedometer on when you first get up in the morning and wear it all day long.
- At the end of each day, record the number of steps you take.
- Track your progress and try to increase your steps gradually each day.

**Increasing your daily steps**

- Park in the far back of the parking lot and walk further to the door.
- Use the furthest entrance into your workplace from your parking spot, and walk through the building to your work area.
- Use the restroom, copy machine, water fountain, break room, etc. that is further from your work area.
- Take the stairs rather than the elevator, especially for one to three floors, both up and down.
- When making a phone call, stand up and pace around as you talk.
- During TV commercials, get up and walk around the house.
- When doing errands, park in a central location and walk to your store destinations.
- Return the shopping cart all the way into the store after grocery shopping.
- Never drive through - get out and park and walk into the bank or fast food stop instead. Every 30 minutes get up from your desk or easy chair and do 1-5 minutes of walking in place and stretching your arms, shoulders and neck.
- Before eating lunch, take a 10 minute walking break.
- Walk the dog.
- Look over your usual trips in the car - are there any that you could do as walks instead, such as to the post office?
- If you take your kids to sports or activities, dedicate 10-20 minutes of that time to walking around after dropping them off or when you arrive early to pick them up.
- Make a family habit of taking a 10-20 minute walk after dinner together, or first thing in the morning.

Step Tracking Calendar

S	M	T	W	T	F	S
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S	M	T	W	T	F	S

# Tackling Mt. StayQuit: One Step at a Time



One way to think about quitting smoking is as a climb up a mountain. Some people are able to reach the top quickly, for others this journey takes more time.

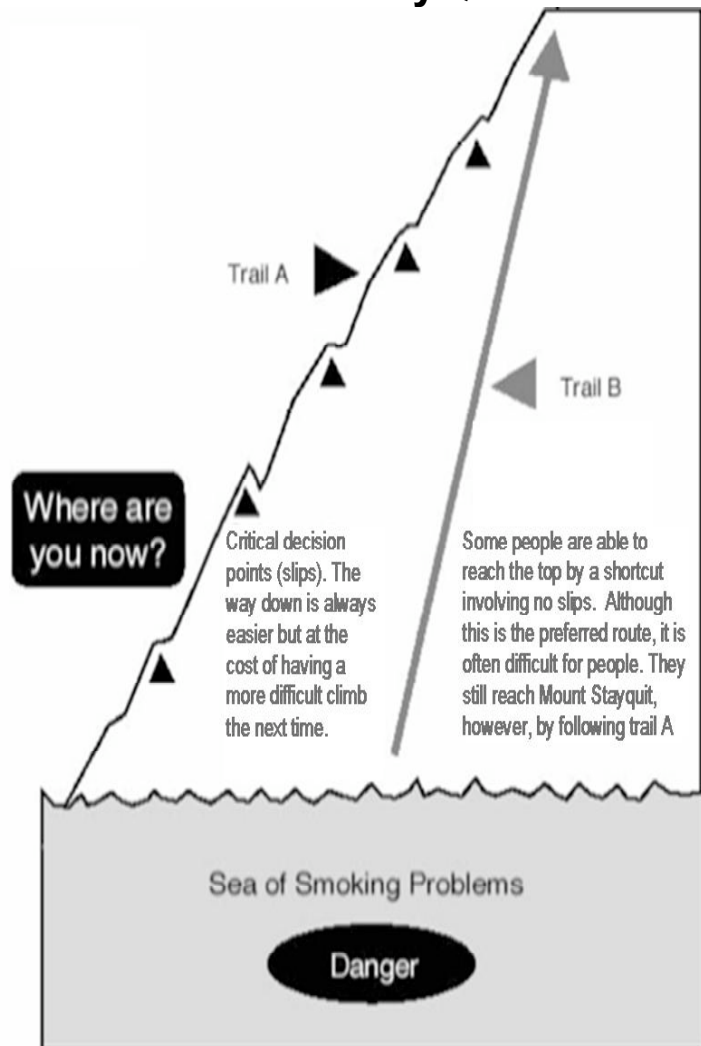
- The Mt. StayQuit diagram on the right hand side is intended to help you recognize the importance of adopting a **long-term perspective** on changing.
- Although some people stop smoking the first time they try, for others it is a slower process.
- **Quitting smoking is not impossible!**
- If you have a **slip**, the key is to use it as a learning experience, identify what triggered the slip, and start back up the mountain.

## IMPORTANT THINGS TO KEEP IN MIND WHEN QUITTING

- Review the benefits of quitting.
- Think of the negatives of returning to smoking.
- Don't tempt yourself—avoid situations or triggers to smoke.
- Remember **smoking cigarettes has become a strong habit**, almost automatic. Consequently, it will take some extra thought and effort to avoid taking that 1<sup>st</sup> cigarette.



## Mount StayQuit





**WHAT COULD TRIGGER A RETURN TO SMOKING?**

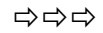
What types of situations have been associated with your smoking that might put you at risk of a relapse?

- ☐ Missed the feeling
- ☐ Missed holding something / having my hands busy
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- ☐ Drinking alcohol
- ☐ Relaxing at home
- ☐ After dinner
- ☐ When I'm happy or celebrating
- ☐ Upon waking
- ☐ During work/office/school breaks
- ☐ See others smoking
- ☐ Drinking coffee or tea
- ☐ Boredom
- ☐ Depressed
- ☐ Work pressure or other stresses (frustration, anger)
- ☐ Withdrawal symptoms from quitting
- ☐ Weight gain
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**PLAN AHEAD FOR HOW TO DEAL WITH TRIGGERS**

For example, if you know that being around others who smoke has been a trigger for going back to smoking in the past, you could plan to sit in the non-smoking section at restaurants, ask relatives and friends who smoke not to smoke around you, and so on.

For the trigger situations you listed above, list on the next page how you plan to deal with those situations by other than smoking.



**WHAT CAN YOU DO TO MAXIMIZE YOUR CHANCES FOR SUCCESS?**

**Trigger Situation #1:**

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**Trigger Situation #3:**

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**My plan for dealing with this trigger situation is:**

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**Trigger Situation #4:**

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**My plan for dealing with this trigger situation is:**

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# You Can Control Your Weight as You Quit Smoking



U.S. DEPARTMENT  
OF HEALTH AND  
HUMAN SERVICES

## **WIN** *Weight-control Information Network*

Many people gain weight when they quit smoking. Even so, the best action you can take to improve your health is to quit smoking. Focus on stopping smoking first. Then you can continue to improve your health in other ways. These may include reaching and staying at a healthy weight for life.

### **Will I gain weight if I stop smoking?**

Not everyone gains weight when they stop smoking. Among people who do, the average weight gain is between 6 and 8 pounds. Roughly 10 percent of people who stop smoking gain a large amount of weight—30 pounds or more.

### **What causes weight gain after quitting?**

When smokers quit, they may gain weight for a number of reasons. These include:

- Feeling hungry. Quitting smoking may make a person feel hungrier than usual. This feeling usually goes away after several weeks.
- Having more snacks and alcoholic drinks. Some people eat more high-fat, high-sugar snacks and drink more alcoholic beverages after they quit smoking.
- Burning calories at normal rate again. Smoking cigarettes makes the body burn calories faster. After quitting smoking, the body's normal rate of burning calories returns. When calories are burned more slowly again, weight gain may take place.

### **Can I avoid weight gain?**

To help yourself gain only a small amount or no weight when you stop smoking, try to:

**Do you want to  
stop smoking?  
Are you worried  
about gaining  
weight? If so,  
this information  
may help you.**



### **Accept yourself**

### **Get regular moderate-intensity physical activity**

### **Limit snacking and alcohol**

### **Consider using medication to help you quit.**

## **Accept yourself**

Do not worry about gaining a few pounds. Instead, feel proud that you are helping your health by quitting smoking. Stopping smoking may make you feel better about yourself in many ways.

### **Stopping smoking may help you have:**

- more energy
- whiter teeth
- fresher breath and fresher smelling clothes and hair
- fewer wrinkles and healthier-looking skin
- a clearer voice.

## **Get regular moderate-intensity physical activity**

Regular physical activity may help you avoid large weight gains when you quit smoking. It may help you look and feel good, and fit into your clothes better. You will likely find that you can breathe easier during physical activity after you quit smoking.

Try to get 30 minutes or more of moderate-intensity physical activity on most days of the week, preferably every day. The ideas below may help you to be active every day.

### **Ideas for being active every day**

- Take a walk after dinner.
- Sign-up for a class such as dance or yoga. Ask a friend to join you.

- Get off the bus one stop early if you are in an area safe for walking.
- Park the car farther away from entrances to stores, movie theatres, or your home.
- Take the stairs instead of the elevator. Make sure the stairs are well lit.

## **Limit snacking and alcohol**

Having more high-fat, high-sugar snacks and alcoholic drinks may lead to large weight gains when you quit smoking. The ideas below may help you make healthy eating and drinking choices as you quit smoking.

## **Healthy eating and drinking choices as you quit smoking**

- Do not go too long without eating. Being very hungry can lead to less healthy food choices.
- Eat enough at meal times to satisfy you.
- Choose healthy snacks, such as fresh fruit or canned fruit packed in juice (not syrup), air-popped popcorn, or fat-free yogurt, when you are hungry between meals.
- Do not deny yourself an occasional "treat." If you crave ice cream, enjoy a small cone.
- Choose an herbal tea, hot cocoa made with nonfat milk, or sparkling water instead of an alcoholic beverage.

## **Consider using medication to help you quit**

Talk to your health care provider about medications that may help you quit smoking. Some people gain less weight when they use a medication to help them stop smoking.

## **Medications that may help you quit smoking**

- Nicotine replacement therapy
  - patch
  - gum
  - nasal spray
  - inhaler
- Antidepressant medication

The patch and gum are available without a prescription from your health care provider.

## **Will weight gain hurt my health?**

A small—or even large—weight gain will not hurt your health as much as continuing to smoke will. The health risks of smoking are dramatic.

## **Health risks of smoking**

- Death—tobacco use is the leading cause of preventable death in the United States. It kills more than 400,000 people in the U.S. each year.
- Cancer—smoking greatly increases the risk for lung cancer, the leading cause of cancer death in the U.S. Smoking is also linked to cancer of the esophagus, larynx, kidney, pancreas, and cervix.
- Other health problems—smoking increases the risk for lung disease and heart disease. In pregnant women, smoking is linked to premature birth and low birth weight babies.

By quitting smoking, you are taking a big step to improve your health. Instead of worrying about weight gain, focus on quitting. Once you are tobacco-free, you can work toward having a healthy weight for life by becoming more physically active and choosing healthier foods.

These brochures from the Weight-control Information Network (WIN) can help you adopt healthy eating and physical activity habits:

*Energize Yourself & Your Family*

*Healthy Eating & Physical Activity Across Your Lifespan: Better Health and You*

*Just Enough for You: About Food Portions*

*Walking...A Step in the Right Direction*

**HITCH: Health Improvement Through Changing Habits**

Session #3 Provider Form

Participant Number: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Complete Data Form**

**Administer Importance/Confidence ratings**

**Quit status/strategy:**

Using Zyban?   Y        N

Using Patch?   Y        N

Concerns/barriers?

Concerns/barriers?

Quit?   Y        N

Discussion:

**Handouts:**

**3A – Smoking, alcohol and weight**

Discussion:

Strategies – doable?

Strategies – attempted?

**3B – Personalized Feedback**

Extra pounds/year from alcohol: \_\_\_\_\_

Discussion:

**3C – Minimizing weight gain**

Strategies doable?

Additional discussion, handouts 3D and 3E (Calorie guide, pedometer, etc.):

**HITCH: Health Improvement Through Changing Habits**

Session #3 Provider Form

**3F – Relapse prevention:**

Discussion:

Participant Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Stop and Think Card - Personalized:**

Appointment for fourth contact (phone call): \_\_\_\_\_ at \_\_\_\_\_  
Day/date time

Call at:      Home      Work      Cell



**BETTER HEALTH:  
ONE STEP AT A TIME**

**Appointment 4: Telephone  
2-4 Weeks after Appointment 3**

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**Goals of Appointment 4**

1. Assess quit status; reset plan if not quit
2. Manage discontinuing Zyban
3. Follow up about patch, although patient will probably have stopped using by this time.
4. Discuss **Handout 4A: Identifying Triggers** and review relapse prevention strategies. Identify and discuss individual's high-risk situations.
5. Review Stop and Think Card
6. Review alcohol use
7. Assess eating behavior changes

**A. Assess Quit Status**

**If still quit:**

- (a) What has worked well?
- (b) What problems, if any, had to be overcome?
- (c) What do they need to do to maintain cessation?

**If not quit:**

- (a) What were the circumstances when they started smoking again?
- (b) What worked until they started again?
- (c) What problems, if any, were overcome prior to relapsing?
- (d) Assess readiness to change and confidence to change.
- (e) Encourage them to set another quit date.

**B. Manage discontinuing Zyban and follow up on the patch**

- No tapering required with medications
- Some people experience feelings of sluggishness or fatigue for 1 to 2 days when discontinuing Zyban

**C. Discuss completed Handout 4A: Identifying Triggers**

- Review relapse prevention strategies:
  - (a) Have situations occurred where there were slips but the patient did not return to regular smoking?
  - (b) Discuss any occasions when the patient was tempted to smoke but did not smoke? Get patient to give voice to how he/she successfully dealt with the situation. Reinforce if appropriate.
  - (c) For any slips that have occurred, what can be learned from them, and how can they be avoided in the future?

**D. Discuss use of Stop and Think Card**

**E. Assess changes in alcohol use**

- (a) What has worked?
- (b) What problems, if any, had to be overcome?
- (c) What do they need to do from here on out to continue to minimize weight gain through alcohol reduction?

**F. Assess food and activity changes**

- (a) What has worked?
- (b) What problems, if any, had to be overcome?
- (c) What do they need to do from here on out to continue to minimize weight gain?

**G. Review how Follow-up assessments will occur**

BOOSTER: At the 3-month follow-up, quit status will be assessed using a 7-day window and CO level. If not quit, patient will randomly be assigned to a Booster or Control condition.

If, by the end of appointment 4, the patient self-reports having had substantial problems reducing drinking or managing their weight and requests further help without prompting from the counselor, refer as appropriate for other services (ADAPT, CHP).

**Appointment 4 Forms and Materials:**

**Handout 3G/4A:** Identifying Triggers

**WHAT COULD TRIGGER A RETURN TO SMOKING?**

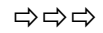
What types of situations have been associated with your smoking that might put you at risk of a relapse?

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- ☐ Missed holding something / having my hands busy
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- ☐ When I'm happy or celebrating
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- ☐ Work pressure or other stresses (frustration, anger)
- ☐ Withdrawal symptoms from quitting
- ☐ Weight gain
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**PLAN AHEAD FOR HOW TO DEAL WITH TRIGGERS**

For example, if you know that being around others who smoke has been a trigger for going back to smoking in the past, you could plan to sit in the non-smoking section at restaurants, ask relatives and friends who smoke not to smoke around you, and so on.

For the trigger situations you listed above, list on the next page how you plan to deal with those situations by other than smoking.



**WHAT CAN YOU DO TO MAXIMIZE YOUR CHANCES FOR SUCCESS?**

**Trigger Situation #1:**

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**My plan for dealing with this trigger situation is:**

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**Trigger Situation #4:**

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**My plan for dealing with this trigger situation is:**

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**HITCH: Health Improvement Through Changing Habits**  
Session #4 Provider Form

Participant Number: \_\_\_\_\_  
Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Complete Data Form**

**Quit status/strategy:**            Quit?    Y            N

*Quit:*  
Working?

Problems?

Need to do to keep up?

*NOT Quit:*  
Circumstances started again/prevented quit?

Worked during attempt?

Problems overcome prior to relapse?

Re-assess readiness:

Re-assess confidence:

Set new quit date?

Using Zyban?    Y            N

Using Patch?    Y            N

Concerns?

Concerns?

**Handouts:**  
**4A – Identifying triggers**

Slip but not relapse?

Learn?

Avoid in future?

Tempting situations (checklist on handout)?

Plan to deal with/what's working?

**Use Stop and Think card?**

Discussion:

**Alcohol use:**

Changes?

Working?

Problems?

Do to keep up?

**Eating behavior:**

Changes?

Working?

Problems?

Do to keep up?

**Additional discussion:**

### **HITCH Booster Appointment (30 minutes, in person)**

1. Tell participants the session is intended to help them:
  - Identify and understand obstacles to change you encountered in attempting to quit.
  - Take a realistic perspective change. Multiple quit attempts are normal, and
  - Develop new change plans and set a new quit date.
2. Ask participant to fill out **Reasons form**. (take 1-2 minutes).
  - Using MI style and Reasons form, get the person to describe the relapse precipitants or obstacles to stopping.
  - Use open-ended questions to identify precipitants, and reflection and summarizing to check how the person views the relapse or failure to quit.
  - When identifying precipitants make sure to distinguish whether they could have been related to withdrawal symptoms ( e.g., person could report being irritable, but the irritability was a symptom of nicotine withdrawal).
3. Ask participants what might help them next time in quitting.
4. Tell participants that we have a handout for them about ways of dealing with obstacles to change. The handout will be discussed and they can keep it, but in the session we will see what strategies they may want to try for their next quit attempt.
5. Use MI to help participant avoid construing their relapse or not quitting as a failure. Point out that:
  - Most people make several attempts to quit before succeeding.
  - It doesn't help to beat oneself up.
  - Learn from the experience.
  - Develop a new game plan.
  - Set a new quit date.
6. In terms of setting a new quit date, what do you have to do?
7. Before the appointment ends:
  - Ask the participant for a new quit date.
  - Reiterate that whatever happens they do not have to give up their long term goal of quitting.
  - Inform that we are unable to supply nicotine replacement products or Zyban beyond the original portion of the study. Thus, if participants want further patches and medication, they will have to follow PC clinic procedures to obtain them.



## REASONS FOR NOT QUITTING/RETURNING TO SMOKING

**Check one:**

\_\_\_\_\_ Since entering the HITCH program, I briefly stopped smoking but did not stay quit.

\_\_\_\_\_ Since entering the HITCH program, I never stopped smoking.

**What are the three most important things that led you to start smoking again or that interfered with your attempt to stop:**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HITCH: Tips for Quitting and Staying Quit

The following materials focus on things people commonly report as either interfering with their attempts to stop smoking or causing them to smoke again after they have stopped. You may find them helpful in planning your next quit attempt. Making several quit attempts is not unusual. Quitting is difficult, but not impossible.

### Nicotine Withdrawals

- Withdrawal symptoms are temporary and are strongest during the first few weeks after quitting. The nicotine patch and Zyban can help reduce the intensity of withdrawal symptoms.
- If you used the patch and experienced intense withdrawals, your starting dose may have been too low and you may need a higher dose this next time.
- Zyban should be started a week before quitting and taken regularly.

### Dealing with Withdrawal Symptoms or Stressors

- Was what you experienced related to nicotine withdrawal symptoms or some other factor (e.g., stress, social pressure)? This is important because your strategies will be different if you are coping with withdrawal symptoms rather than, e.g., stress.
- Physical exercise, in addition to using Zyban and the patch, can help reduce irritability or tension from withdrawal symptoms.
- Bodily symptoms, trouble concentrating, sleep disturbances, and/or headaches are temporary and will lessen over time.
- Almost all smokers have urges when quitting. Urges usually last only a few minutes and stop. The frequency of urges will also decrease over time.
- When you experience an urge, think about staying quit until the urge ends. Challenge your own thinking. For example, “although I want a cigarette, I don’t *need* one and I will be okay without it!” This is much less overwhelming than thinking about quitting forever.
- Sometimes trying not to think about urges actually makes them stronger. Instead, find something else to think about.
- Rearrange your activities and environment to avoid smoking risk situations (e.g., put ashtrays away; do not have cigarettes around; use substitutes like gum, cinnamon sticks, carrots, cut-up or small straws, and toothpicks to occupy your hands and mouth).
- Avoid or leave situations where you might be tempted to smoke.

- Make others aware of your quit attempt and ask for their support. For example, ask them not to smoke around you.
- Delay technique: When you feel like smoking, wait 10 – 15 minutes before getting that first cigarette. Ask yourself why do I want to smoke? What is the worst thing that could happen if I don’t have this cigarette? Even stress usually reduces over time. After waiting 15 minutes, you may no longer feel like smoking.
- Often when people are stressed they tell themselves all kinds of things that can get them more distressed than they would like to be. Step back from those thoughts and ask yourself how useful or helpful those thoughts are.
  - Think of benefits of not smoking (e.g., I can breathe. I can run faster).
  - Think good thoughts: Yesterday was tough, but I got through without smoking.

### Questioning Your Stressful Thinking: Ask Yourself

- How could I view this in a less upsetting way?
- Do I really have something to be stressed about, or am I feeling stressed mainly because I have stopped smoking.
- Do I have any evidence for what I am thinking or believing, or am I making assumptions?
- How could I respond to this successfully and feel good about it later?
- If a good friend or someone I loved had similar thoughts, what would I tell them?

### Be Aware of the Following Self-Defeating Thoughts as Rationalizations for Smoking

- **Nostalgia:** Longing for times when one could smoke.
- **Testing control:** Overconfidence, e.g., I can handle having a few puffs without returning to smoking.
- **Crisis:** Thinking it is okay to smoke because these are “exceptional” circumstances.
- **Self-doubts:** It is too hard. I can’t do it.

**REMEMBER:** Several quit attempts are normal. It is OK to set another quit date.

# Project HITCH

(210) 292-2909



Better Health  
One Step at a Time!

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- 
- How could I view this in a less upsetting way?
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**REMEMBER: Several quit attempts are normal. It is OK to set another quit date.**

## HITCH: Master List of Form Numbers

<b><u>Number</u></b>	<b><u>Form</u></b>
100	Screening
200	Baseline
210	Demographic Information
220	Timeline Followback
230	Baseline subject measures
280	Treatment Group Data Points
290	Control Group Data Points
300	3-month follow-up
315	3-month phone follow-up
330	3-month subject measures
340	3-month end of treatment evaluation experimental group
345	3-month end of treatment evaluation control group
370	Medical Compliance
400	6-month follow-up
415	6-month phone follow-up
430	6-month subject measures
500	12-month follow-up
515	12-month phone follow-up
530	12-month subject measures

### **Uncoded Forms**

3 Month Update  
6 Month Update  
Contact Information  
Final Eligibility Screener  
Pregnancy Screener

**Project Hitch: Screening Form 100**Date 1<sup>st</sup> Contact: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day YrDate Phone Screen: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr

Screener: \_\_\_\_ (Initials)

1. How did learn about this project? \_\_\_\_\_  
If recruited from Kelly Clinic, ask Team \_\_\_\_\_ and PCM \_\_\_\_\_ Code
  2. Military Status (check one): \_\_\_\_ Active Duty (00) \_\_\_\_ Retired (01) \_\_\_\_ Dependent (02) \_\_\_\_ None of these (03),  
**STOP Ineligible Skip to Q26**
  3. **For Active Duty Only:** Are you currently enrolled in Basic Military Training or Technical School Training?  
\_\_\_\_ Not Applicable, not active duty (00)  
\_\_\_\_ No (01)  
\_\_\_\_ Yes (02), If yes, **STOP Ineligible Skip to Q26**
  4. Do you expect to move or be deployed in the next year? \_\_\_\_ No (00) \_\_\_\_ Yes (01) If yes, **STOP Ineligible Skip to Q26**
  5. Gender (check one): \_\_\_\_ Male (00) \_\_\_\_ Female (01)
  6. Current Age: \_\_\_\_ If less than 21 or older than 75, **STOP Ineligible Skip to Q26**
  7. In the past year, **on average**, how many cigarettes have you smoked per day?  
\_\_\_\_ If 4 or fewer cigarettes per day, **STOP Ineligible Skip to Q26**
  8. In the past year, **did you consume alcohol, even one drink?** \_\_\_\_ Yes (00) \_\_\_\_ No (01), If no, **STOP Ineligible Skip to Q26**
- The next question is about how often you drink. In the last year, think of how many days per week, **on average** you drank alcohol. **Write that number down somewhere.**
- Now I am going to ask you about how much you drank on days when you did drink. We do this by asking you to report your alcohol use in terms of **STANDARD DRINKS**.
- For example, one Standard Drink is equal to**
- One 12-ounce bottle/can of **regular beer**, OR
  - One 5-ounce glass of **regular (12%) wine**, OR
  - 1 1/2 ounces of **hard liquor** either straight or in a mixed drink OR
  - One 12-ounce **wine cooler**
- So on **average**, on days when you drank alcohol, how many **standard drinks** did you drink in a day. Write that number down and multiply the two numbers you wrote down, and tell me the result.
9. \_\_\_\_ Number of drinks per week; If answer is **3 or less drinks per week**, **STOP Ineligible Skip to Q26**
  10. If you were eligible for this study, would you be willing to set a quit date within the next 6 weeks?  
\_\_\_\_ Yes (00) \_\_\_\_ No (01), If no, **STOP Ineligible Skip to Q26**
  11. **On a scale from 0 to 5**, where 0 is **not concerned**, 1 is **slightly concerned**, 3 is **somewhat concerned** and 5 is **very concerned**, how concerned would you be about gaining weight if you were to stop smoking cigarettes?  
\_\_\_\_ If not concerned, that is 0, **STOP Ineligible Skip to Q26**
  12. Are you currently in any type of smoking cessation program? (**Screener:** It is ok if they are just using the Patch or Zyban without any other type of help). \_\_\_\_ No (00) \_\_\_\_ Yes (01) If yes, **STOP Ineligible Skip to Q26**
  13. Are you related to anyone who is already participating in this study?  
\_\_\_\_ No (00); **Skip to Q. 14**  
\_\_\_\_ Yes (01), who \_\_\_\_\_; **STOP Ineligible Skip to Q26**

14. Within the last 6 months, have you taken prescription medications for weight loss?  
 \_\_\_\_ No (00) \_\_\_\_ Yes (01), If yes, **STOP Ineligible Skip to Q26**
15. Within the past 6 months, have you been diagnosed with depression or a mood disorder?  
 \_\_\_\_ No (00) \_\_\_\_ Yes (01), If yes, **STOP Ineligible Skip to Q26**
16. Are you currently taking any antidepressant medication for depression or a mood disorder?  
 \_\_\_\_ No (00) \_\_\_\_ Yes (01), If yes, **STOP Ineligible Skip to Q26**
17. Are you **currently** or have you ever been treated through an ADAPT clinic or any other alcohol treatment program?  
 \_\_\_\_ No (00); **Skip to Q19**  
 \_\_\_\_ Yes, currently (01): If yes current, **STOP Ineligible Skip to Q26**  
 \_\_\_\_ Yes, in the past (02): **Ask Q18**
18. How many times have you ever been treated through an ADAPT clinic or any other alcohol treatment program in the past 5 years? \_\_\_\_ If 2 or more times, **STOP Ineligible Skip to Q26**
19. **For Active Duty only:** Are you currently on a medical profile?  
 \_\_\_\_ Not Applicable (00), not active duty  
 \_\_\_\_ No (01)  
 \_\_\_\_ Yes (02), If yes, **have person describe** and tell them the PCM will have to clear them for the study.

Do you have any history of any of the following medical problems?

20. **Liver Disease:** \_\_\_\_ No (00) \_\_\_\_ Yes (01), If yes, **STOP Ineligible Skip to Q26**
21. **Seizures:** \_\_\_\_ No (00) \_\_\_\_ Yes (01), If yes, **STOP Ineligible Skip to Q26**
22. **Eating Disorders:** \_\_\_\_ No (00) \_\_\_\_ Yes (01), If yes, **STOP Ineligible Skip to Q26**
23. **Head Injury, including a concussion or losing consciousness:** \_\_\_\_ No (00) \_\_\_\_ Yes (01) , If yes, **have person describe** and tell them the PCM will have to clear them for the study:

24. **For females only:** Are you **currently breast feeding, pregnant, or trying to become pregnant** in the next 12 months?  
 \_\_\_\_ Not Applicable (00), male  
 \_\_\_\_ No (01)  
 \_\_\_\_ Yes (02), If yes, **STOP Ineligible Skip to Q26**

**Ineligible for Study Based on Baseline Assessment, PCM evaluation, or Positive Pregnancy Test (check, if relevant)**

25. \_\_\_\_ Ineligible (00) DSM-IV-TR Diagnosis was Alcohol Abuse or Dependence based on **Baseline answer**; **STOP Ineligible Skip to Q26**  
 \_\_\_\_ Ineligible (01) Head Injury based on **PCM evaluation**; **STOP Ineligible Skip to Q26**  
 \_\_\_\_ Ineligible (02) yes to PHQ Question 9 (suicidality) based on **Baseline answer**; **STOP Ineligible Skip to Q26**  
 \_\_\_\_ Ineligible (03) Pregnancy Test was positive at **Assessment**; **STOP Ineligible Skip to Q26**  
 \_\_\_\_ Ineligible (04) per Medical Profile based on **PCM evaluation**; **STOP Ineligible Skip to Q26**

**Final Study Eligibility: Specify Action Taken:**

26. \_\_\_\_ **INELIGIBLE FOR STUDY.** Thank you for calling us. Based on your answers, you are not eligible for the study. **Screener:** If the person asks you can explain the reason why.
27. \_\_\_\_ **ELIGIBLE FOR STUDY.** Based on your answers to the screening questions, you are eligible to participate in Project Hitch. We can now schedule an appointment for you to come in and complete the consent and questionnaires.
28. Date formed entered into database: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mo Day Yr
29. Entered by: \_\_\_\_\_ (Initials)



Date: \_\_\_\_\_

## Project HITCH Baseline Questionnaire Form 200

1. At what age did you smoke your first cigarette? \_\_\_\_\_ **years old**
2. How many years have you smoked cigarettes regularly? \_\_\_\_\_ **years**
3. Who in your household smokes cigarettes? (check all that apply)
 

_____ No one (0)	_____ Children (3)
_____ Spouse/significant other (1)	_____ Other relative(s) (4)
_____ Parent(s) (2)	_____ Friend(s) (5)
4. How much do you think living with others whom smoke will affect your ability to successfully quit smoking?
 

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>
Not living with smoker(s)	Will not affect me		Will affect me somewhat		Will affect me strongly
5. Since you started daily cigarette smoking, what was the **longest number of months** you have been abstinent; that is gone without smoking cigarettes, not even one puff?  
 (**Note:** if your answer is never or less than 1 month write "0") \_\_\_\_\_ **months**
6. Are you **currently** participating in a Tobacco Cessation program other than the HITCH program?
 

_____ Yes, HAWC Tobacco Cessation Class (1)
_____ Yes, other program (2) Describe: _____
_____ No (3)
7. What has most influenced you to try and quit smoking? (check one only)
 

_____ Your health (0)
_____ Health of a family member or friend (1)
_____ Financial cost of smoking (2)
_____ Pressure from others (3)
_____ Too inconvenient to smoke when and where I want (4)
_____ Other _____ (5)

8. Please check all of the methods you have previously tried in an attempt to quit smoking? (**Check all that apply**)

<input type="checkbox"/> On my own (0)	<input type="checkbox"/> Counseling/therapy (5)	<input type="checkbox"/> HAWC Tobacco Cessation Class (10)
<input type="checkbox"/> Gradual reduction (1)	<input type="checkbox"/> Nicotine gum (6)	<input type="checkbox"/> Other Tobacco Cessation Class (11)
<input type="checkbox"/> Self-help guides (2)	<input type="checkbox"/> Nicotine inhaler (7)	<input type="checkbox"/> Other (12) _____
<input type="checkbox"/> Hypnosis (3)	<input type="checkbox"/> Nicotine nasal spray (8)	<input type="checkbox"/> Zyban (13)
<input type="checkbox"/> Acupuncture (4)	<input type="checkbox"/> Support Group (9)	<input type="checkbox"/> Nicotine Patch (14)

*For the following questions, "serious quit attempt" refers to a period of at least 24 hours without even one puff of a cigarette.*

9. Since you first started smoking cigarettes regularly, how many times have you **seriously** tried to quit smoking? \_\_\_\_\_ **times**

*Note: Please be specific; avoid words like "a lot" or "many". If you cannot give an exact number, use a range answer such as 20-25.*

10. How many months ago was your most recent **serious** quit attempt? \_\_\_\_\_ **months**

(**Note:** if your answer is never or less than 1 month write "0")

**For the next 9 questions, using the 5-point scale below, please check the number that best describes how you felt during your *MOST RECENT* serious quit attempt.**

**11. Angry, irritable, frustrated**

0	1	2	3	4
<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Mild	Moderate	Severe

**12. Anxious, nervous**

0	1	2	3	4
<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Mild	Moderate	Severe

**13. Depressed mood, sad**

0	1	2	3	4
<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Mild	Moderate	Severe

**14. Desire or craving to smoke**

0	1	2	3	4
<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Mild	Moderate	Severe

**15. Difficulty concentrating**

0	1	2	3	4
<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/> ----- <input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Mild	Moderate	Severe

**16. Increased appetite, hungry, weight gain**

0                      1                      2                      3                      4  
☐-----☐-----☐-----☐-----☐  
None              Slight              Mild              Moderate              Severe

**17. Insomnia, sleep problems**

0                      1                      2                      3                      4  
☐-----☐-----☐-----☐-----☐  
None              Slight              Mild              Moderate              Severe

**18. Awakening at night**

0                      1                      2                      3                      4  
☐-----☐-----☐-----☐-----☐  
None              Slight              Mild              Moderate              Severe

**19. Restless**

0                      1                      2                      3                      4  
☐-----☐-----☐-----☐-----☐  
None              Slight              Mild              Moderate              Severe

**20. How soon after you wake up do you smoke your first cigarette? (check one)**

**0**    **1**    **2**    **3**  
☐-----☐-----☐-----☐  
After 60 min.                      31 to 60 min.                      6 to 30 min.                      Within 5 min.

**21. Do you find it difficult do to refrain from smoking in places where it is forbidden (e.g., in church, at the library, cinema, etc.)?**

\_\_\_\_\_ No (0)              \_\_\_\_\_ Yes (1)

**22. Which cigarette would you hate most to give up?**

\_\_\_\_\_ First One in the Morning (1)              \_\_\_\_\_ All Others (0)

**23. How many cigarettes a day do you smoke? (check one)**

**0**    **1**    **2**    **3**  
☐-----☐-----☐-----☐  
10 or less                      11 to 20                      21-30                      31 or more

**24. Do you smoke more frequently during the first hours after waking than during the rest of the day?**

\_\_\_\_\_ No (0)              \_\_\_\_\_ Yes (1)

**25. Do you smoke if you are so ill that you are in bed most of the day?**

\_\_\_\_\_ No (0)              \_\_\_\_\_ Yes (1)

26. Would you like to give up smoking if you could do so easily? \_\_\_\_ No (0) \_\_\_\_ Yes (1)

27. How seriously would you like to give up smoking altogether? (**check one**)

0                                      1                                      2                                      3  
☐-----☐-----☐-----☐  
 Not at all                      Not very seriously                      Fairly seriously                      Very seriously

28. Do you intend to give up smoking in the next **2 weeks**? (**check one**)

1                                      2                                      3                                      4  
☐-----☐-----☐-----☐  
 Definitely no              Probably no              Probably yes              Definitely yes

29. What is the possibility that **6 months** from now you will be a nonsmoker? (**check one**)

1                                      2                                      3                                      4  
☐-----☐-----☐-----☐  
 Definitely no              Probably no              Probably yes              Definitely yes

30. On the following scale from 1 to 5, what number best reflects how ready you are **now** to quit smoking? (**check one**)

1                                      2                                      3                                      4                                      5  
☐-----☐-----☐-----☐-----☐  
 Not Ready              Thinking of              Undecided/              Somewhat              Very Ready  
 to Change              Changing              Uncertain              Ready              to Change

31. Do you intend to quit in the next **6 months**? (**check one**)

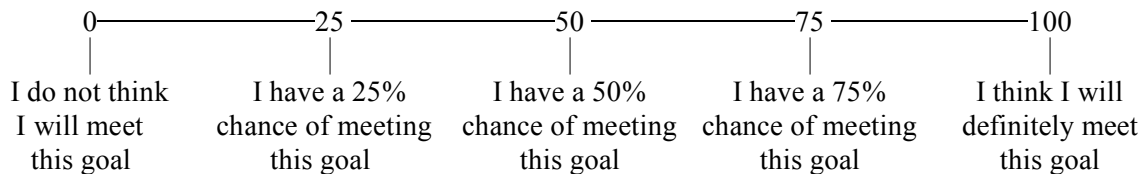
1                                      2                                      3                                      4  
☐-----☐-----☐-----☐  
 Definitely no              Probably no              Probably yes              Definitely yes

32. When you entered the HITCH program you said your goal was to not smoke cigarettes. **At this moment, how important** is it that you meet this goal?

0-----25-----50-----75-----100  
 |                      |                      |                      |                      |  
 Not important      Less important      About as      More important      The most  
 At all              than most of the      important as most      than most of the      important  
    other things I      of the other things      other things      thing in my  
    would like to      I would like to      I would like to      life I would like  
    achieve now      achieve now      achieve now      to achieve now

**Write the importance rating of meeting your goal (from 0 to 100) here:** \_\_\_\_\_

33. When you entered the HITCH program you said your goal was to not smoke cigarettes. **At this moment, how confident** are you that you will meet this goal?



Write your confidence rating (from 0% to 100%) here: \_\_\_\_\_

34. In the past 12 months, on average, how many days per week did you drink beverages with alcohol?  
(1 Standard Drink = 12 oz beer, 5 oz 12% wine, 1.5 oz hard liquor straight or in a mixed drink)

\_\_\_\_\_ Days

35. In the past 12 months, on average, on days when you did drink, how many standard drinks would you have had in a day? (1 standard drink = 12 oz beer, 5 oz 12% wine, 1.5 oz spirits)

\_\_\_\_\_ Standard Drinks

36. In the past 12 months, how many times have you had 5 or more standard drinks (1 standard drink = 12 oz beer, 5 oz 12% wine, 1.5 oz spirits) on one occasion?

\_\_\_\_\_ Times

37. Are you **currently** enrolled in a mandatory military weight management program (BCIP)?

\_\_\_ No (0)

\_\_\_ Yes (1) Describe: \_\_\_\_\_

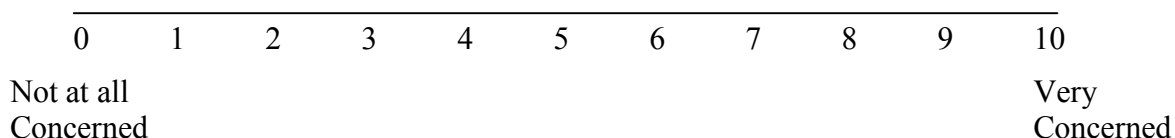
38. Are you **currently** enrolled in a **voluntary** weight management program?

\_\_\_ No (0)

\_\_\_ Yes (1) Describe: \_\_\_\_\_

39. Are you in general concerned about your weight? \_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

40. How concerned are you about the possibility of gaining weight when you quit smoking? (Circle one number)



41. If you quit smoking, and found yourself gaining weight, how many pounds do you think it would take to prompt you to start smoking again?

\_\_\_\_\_ pounds **OR** \_\_\_\_\_ Weight gain would not cause me to return to smoking (code 99)

42. When you are at work, which of the following best describes what you do? Would you say?

\_\_\_\_\_ Mostly sitting or standing (0)

\_\_\_\_\_ Mostly walking (1)

\_\_\_\_\_ Mostly heavy labor or physically demanding work (2)

*We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.*

43. Now, thinking about the **moderate** activities you do in a usual week, do you do **moderate** activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

\_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

44. How many days per week do you do these **moderate** activities for at least 10 minutes?

\_\_\_ \_\_\_ Days per week

45. On days when you do **moderate** activities for at least 10 minutes at a time, how much total time in minutes per day do you spend doing these activities? (1 hour = 60 minutes)

\_\_:\_\_ \_\_\_ Hours and minutes per day

46. Now, thinking about the **vigorous** activities you do in a usual week, do you do **vigorous** activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

\_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

47. How many days per week do you do these **vigorous** activities for at least 10 minutes at a time?

\_\_\_ \_\_\_ Days per week

48. On days when you do **vigorous** activities for at least 10 minutes at a time, how much total time in minutes per day do you spend doing these activities? (1 hour = 60 minutes)

\_\_:\_\_ \_\_\_ Hours and minutes per day

Over the last **2 weeks**, how often have you been bothered by any of the following problem

	Not at all  <b>0</b>	Several days  <b>1</b>	More than half the days  <b>2</b>	Nearly every day  <b>3</b>
49. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Trouble falling/staying asleep, sleep too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Project HITCH office use only:*

0

\_\_\_\_\_

58. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all (0) ☐ Somewhat difficult (1) ☐ Very difficult (2) ☐ Extremely difficult (3)

59. In the past **two years** have you felt depressed or sad most days, even if you felt okay sometimes?

☐ Yes (0) ☐ No (1)

**Form 210: DEMOGRAPHIC INFORMATION**

1. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy)
2. Age: \_\_\_\_\_ years
3. Gender: \_\_\_\_\_ Male (1) \_\_\_\_\_ Female (2)
4. What is your current marital status?
- \_\_\_\_\_ Never married (0)
- \_\_\_\_\_ Married or living in a marriage-like relationship (1)
- \_\_\_\_\_ Widowed (2)
- \_\_\_\_\_ Divorced (3)
- \_\_\_\_\_ Separated (4)
5. What ethnic or racial group do you most identify with? **CHECK ONLY ONE**
- \_\_\_\_\_ White/Caucasian (0)
- \_\_\_\_\_ African American/Black (1)
- \_\_\_\_\_ Hispanic/Latino (2)
- \_\_\_\_\_ Asian or Pacific Islander (3)
- \_\_\_\_\_ American Indian or Alaskan Native (4)
- \_\_\_\_\_ Other (5); specify \_\_\_\_\_
6. How many years of education have you completed? \_\_\_\_\_ Years
- Note: Completed High School = 12      Completed Community College = 14 years
- Master's or law degree = 18 years      Completed BA/BSc = 16 years
- PhD or MD = 20 years
7. Are you currently?
- \_\_\_\_\_ Active Duty (0) **GO to Question 8a**
- \_\_\_\_\_ Retired (1) **GO to Question 8a**
- \_\_\_\_\_ Family Member (2) **(STOP. Turn in this packet and pick up the next one)**
- 8a. What military service are/were you with?
- \_\_\_\_\_ USAF (0)
- \_\_\_\_\_ USA (1)
- \_\_\_\_\_ USMC (2)
- \_\_\_\_\_ USN (3)
- \_\_\_\_\_ Coast Guard (4)
- \_\_\_\_\_ IMA (5)
- \_\_\_\_\_ Reserve (6) Branch: \_\_\_\_\_
- \_\_\_\_\_ National Guard (7)



8b. What is your current (or highest) military rank?

**Enlisted**

\_\_\_ E-1 (1)

\_\_\_ E-2 (2)

\_\_\_ E-3 (3)

\_\_\_ E-4 (4)

\_\_\_ E-5 (5)

\_\_\_ E-6 (6)

\_\_\_ E-7 (7)

\_\_\_ E-8 (8)

\_\_\_ E-9 (9)

**Officer**

\_\_\_ O-1 (10)

\_\_\_ O-2 (11)

\_\_\_ O-3 (12)

\_\_\_ O-4 (13)

\_\_\_ O-5 (14)

\_\_\_ O-6 (15)

\_\_\_ O-7 (16)

\_\_\_ O-8 (17)

\_\_\_ O-9 (18)

\_\_\_ O-10 (19)

**Warrant Officer**

\_\_\_ W-1 (20)

\_\_\_ W-2 (21)

\_\_\_ W-3 (22)

\_\_\_ W-4 (23)

\_\_\_ W-5 (24)

8c. Years of Service: \_\_\_\_\_

8d. Job/Occupation: \_\_\_\_\_

**If retired, (STOP HERE. Please turn in this packet and pick up the next packet.)**

8e. Do you plan to retire from the military? \_\_\_ No (0) \_\_\_ Yes (1) \_\_\_ Unsure (2)

8f. How many years do you expect to remain in the military? \_\_\_\_\_ years; if less than 1 year, write "0"

8g. Have you been deployed to a combat area in the past 12 months? \_\_\_ No (0) \_\_\_ Yes (1)

8h. Do you expect to be deployed to a combat area in the next 12 months?  
\_\_\_ No (0) \_\_\_ Yes (1) \_\_\_ Unsure (2)

## Form 220: TLFB Calendar for 2006, 2007, and 2008

Assessment Date: \_\_\_\_\_ Bracket Start and End intervals on calendar using colored highlighters.  
MO DY YR

---

### 30-Day Pre-Assessment Interval:

• Start Date: \_\_\_\_\_  
MO DY YR

• End Date (day before assessment):\_ \_\_\_\_\_  
MO DY YR

---

### 3-Month Follow-Up 30-Day Interval:

Date of 3-Month Interview: \_\_\_\_\_  
MO DY YR

• Start Date: \_\_\_\_\_  
MO DY YR

• End Date (day before interview):\_ \_\_\_\_\_  
MO DY YR

---

### 6-Month Follow-Up 30-Day Interval:

Date of 6-Month Interview: \_\_\_\_\_  
MO DY YR

• Start Date: \_\_\_\_\_  
MO DY YR

• End Date (day before interview):\_ \_\_\_\_\_  
MO DY YR

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### 12-Month Follow-Up 30-Day Interval:

Date of 12-Month Interview: \_\_\_\_\_  
MO DY YR

• Start Date: \_\_\_\_\_  
MO DY YR

• End Date (day before interview):\_ \_\_\_\_\_  
MO DY YR

---

## 2006 TLFB Calendar

2006	SUN	MON	TUES	WED	THURS	FRI	SAT
	1 New Year's Day	2	3	4	5	6	7
J	8	9	10	11	12	13	14
A	15	16 M. L. King Day	17	18	19	20	21
N	22	23	24	25	26	27	28
	29	30	31	1	2	3	4
F	5	6	7	8	9	10	11
E	12	13	14 Valentine's Day	15	16	17	18
B	19	20 Presidents' Day	21	22	23	24	25
	26	27	28	1 Ash Wednesday	2	3	4
M	5	6	7	8	9	10	11
A	12	13	14	15	16	17 St. Patrick's Day	18
R	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
A	2	3	4	5	6	7	8
P	9	10	11	12	13 Passover	14 Good Friday	15
R	16 Easter	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	1	2	3	4	5	6
M	7	8	9	10	11	12	13
A	14 Mother's Day	15	16	17	18	19	20
Y	21	22	23	24	25	26	27
	28	29 Memorial Day	30	31			

## 2006 TLFB Calendar

2006	SUN	MON	TUES	WED	THURS	FRI	SAT
					1	2	3
<b>J U N</b>	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18 Father's Day	19	20	21	22	23	24
	25	26	27	28	29	30	1
<b>J U L</b>	2	3	4 Independence Day	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	1	2	3	4	5
<b>A U G</b>	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	1	2
<b>S E P</b>	3	4 Labor Day	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23 Rosh Hashanah
	24	25	26	27	28	29	30
<b>O C T</b>	1	2 Yom Kippur	3	4	5	6	7
	8	9 Columbus Day	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31 Halloween	1	2	3	4
<b>N O V</b>	5	6	7 Election Day	8	9	10 Vets Day Observed	11 Veterans Day
	12	13	14	15	16	17	18
	19	20	21	22	23 Thanksgiving	24	25
	26	27	28	29	30	1	2
<b>D E C</b>	3	4	5	6	7	8	9
	10	11	12	13	14	15	16 Hanukkah
	17	18	19	20	21	22	23
	24	25 Christmas	26	27	28	29	30
	31 New Year's Eve						

## 2007 TLFB Calendar

2007	SUN	MON	TUES	WED	THURS	FRI	SAT
		1 New Year's Day	2	3	4	5	6
<b>J</b>	7	8	9	10	11	12	13
<b>A</b>	14	15 M. L. King Day	16	17	18	19	20
<b>N</b>	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
<b>F</b>	4	5	6	7	8	9	10
<b>E</b>	11	12	13	14 Valentine	15	16	17
<b>B</b>	18	19 Pres. Day	20	21 Ash Wednesday	22	23	24
	25	26	27	28	1	2	3
<b>M</b>	4	5	6	7	8	9	10
<b>A</b>	11	12	13	14	15	16	17 St. Patrick
<b>R</b>	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
<b>A</b>	1	2	3 Passover	4	5	6 Good Friday	7
<b>P</b>	8 Easter	9	10	11	12	13	14
<b>R</b>	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	1	2	3	4	5
<b>M</b>	6	7	8	9	10	11	12
<b>A</b>	13 Mother's Day	14	15	16	17	18	19
<b>Y</b>	20	21	22	23	24	25	26
	27	28 Memorial Day	29	30	31		

# 2007 TLFB Calendar

2007	SUN	MON	TUES	WED	THURS	FRI	SAT
						1	2
<b>J U N</b>	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17 Father's Day	18	19	20	21	22	23
	24	25	26	27	28	29	30
<b>J U L</b>	1	2	3	4 July 4th	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31	1	2	3	4
<b>A U G</b>	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
<b>S E P</b>	2	3 Labor Day	4	5	6	7	8
	9	10	11	12	13 Rosh Hashanah	14	15
	16	17	18	19	20	21	22 Yom Kippur
	23	24	25	26	27	28	29
	30	1	2	3	4	5	6
<b>O C T</b>	7	8 Columbus Day	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31 Halloween	1	2	3
<b>N O V</b>	4	5	6 Election Day	7	8	9	10
	11	12 Veterans Day	13	14	15	16	17
	18	19	20	21	22 Thanksgiving	23	24
	25	26	27	28	29	30	1
<b>D E C</b>	2	3	4	5 Hanukkah	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25 Christmas	26	27	28	29
	30	31 New Year's Eve					

## 2008 TLFB Calendar

2008	SUN	MON	TUES	WED	THURS	FRI	SAT
			1 New Year's Day	2	3	4	5
<b>J</b>	6	7	8	9	10	11	12
<b>A</b>	13	14	15	16	17	18	19
<b>N</b>	20	21 M. L. King Day	22	23	24	25	26
	27	28	29	30	31	1	2
<b>F</b>	3	4	5	6 Ash Wednesday	7	8	9
<b>E</b>	10	11	12	13	14 Valentine Day	15	16
<b>B</b>	17	18 Pres. Day	19	20	21	22	23
	24	25	26	27	28	29	1
<b>M</b>	2	3	4	5	6	7	8
<b>A</b>	9	10	11	12	13	14	15
<b>R</b>	16	17 St. Patrick's Day	18	19	20	21 Good Friday	22
	23 Easter	24	25	26	27	28	29
	30	31	1	2	3	4	5
<b>A</b>	6	7	8	9	10	11	12
<b>P</b>	13	14	15	16	17	18	19
<b>R</b>	20 Passover	21	22	23	24	25	26
	27	28	29	30	1	2	3
<b>M</b>	4	5	6	7	8	9	10
<b>A</b>	11 Mother's Day	12	13	14	15	16	17
<b>Y</b>	18	19	20	21	22	23	24
	25	26 Memorial Day	27	28	29	30	31

2008	SUN	MON	TUES	WED	THURS	FRI	SAT
<b>J U N</b>	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15 Father's Day	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	1	2	3	4 Independence Day	5
<b>J U L</b>	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	1	2
<b>A U G</b>	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
<b>S E P</b>	31	1 Labor Day	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30 Rosh Hashanah	1	2	3	4
<b>O C T</b>	5	6	7	8	9 Yom Kippur	10	11
	12	13 Columbus Day	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31 Halloween	1
<b>N O V</b>	2	3	4 Election Day	5	6	7	8
	9	10	11 Veterans Day	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27 Thanksgiving	28	29
<b>D E C</b>	30	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22 Hanukkah	23	24	25 Christmas	26	27
	28	29	30	31 New Year's Eve			



**Form 230: Baseline Measures**

1. **Date of Interview:** \_\_\_\_\_ (mm/dd/yy)
2. **HEIGHT:** \_\_\_\_\_ in. (self-reported)
3. **WEIGHT:** \_\_\_\_\_ . \_\_\_\_ lbs.
4. **BLOOD PRESSURE Reading 1:** \_\_\_\_\_ / \_\_\_\_\_
5. **BLOOD PRESSURE Reading 2:** \_\_\_\_\_ / \_\_\_\_\_ \*  
\*If not needed code as 999/999
6. **CO Level (ppm):** \_\_\_\_\_
7. **Zyban Rx requested?** \_\_\_\_\_ NO (0) \_\_\_\_\_ YES (1) \_\_\_\_\_ Ineligible (2)
8. **NRT Rx requested?** \_\_\_\_\_ NO (0) \_\_\_\_\_ YES (1) \_\_\_\_\_ Ineligible (2)  
If No, Stop here  
If Yes, Go to Question 9
9. **NRT Start Dose:**  
21 mg patch (2 weeks of each 21, 14, and 7mg): \_\_\_\_\_ (1)  
14 mg patch (3 weeks of each 14 and 7mg): \_\_\_\_\_ (2)  
7 mg patch (3 weeks of each 14 and 7mg): \_\_\_\_\_ (3)  
Not applicable \_\_\_\_\_ (9)
10. **Females Only: Pregnancy Test** \_\_\_\_\_ Negative (0)  
\_\_\_\_\_ Positive (1), referred to lab for blood  
test  
\_\_\_\_\_ Not applicable (7)

**Staff Initials:** \_\_\_\_\_

**Form 280: Treatment Group Data Points****Contact #1 – In-Clinic****1) DATE:** \_\_\_\_\_  
MM/DD/YY**2) alc + cig =** \_\_\_\_\_ % of the time**3) If decrease alc:**help \_\_\_\_\_ (0)  
hinder \_\_\_\_\_ (1)  
neither \_\_\_\_\_ (2)**4) Length of Session:** \_\_\_\_\_ min.**Staff Initials:** \_\_\_\_\_**Contact #2 – Telephone****5) DATE:** \_\_\_\_\_  
MM/DD/YY**6) Smoking?** \_\_\_\_\_ YES (00) \_\_\_\_\_ NO (01)**7) Quit date:** \_\_\_\_\_  
MM/DD/YY**8) If YES: Average # cigarettes smoked per day in past week:** \_\_\_\_\_ (Code 99 if did not smoke)**9) Zyban Start Date:** \_\_\_\_\_ (MM/DD/YY)**10) Number of drinks with alcohol consumed in the past week:** \_\_\_\_\_**11) Length of Session:** \_\_\_\_\_ min.**Staff Initials:** \_\_\_\_\_**Contact #3 – In-Clinic****12) DATE:** \_\_\_\_\_  
MM/DD/YY**13) Smoked past 7 days?** \_\_\_\_\_ YES (00) \_\_\_\_\_ NO (01)**14) WEIGHT:** \_\_\_\_\_ lbs**15) If YES: Average # cigarettes smoked per day in past week:** \_\_\_\_\_ **16) New QD, if set:** \_\_\_\_\_  
MM/DD/YY**17) Number of drinks with alcohol consumed in the past week:** \_\_\_\_\_**18) BLOOD PRESSURE:** 1. \_\_\_\_\_ / \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_ \*

\*only required if first reading is above 140/90

**19) Importance rating:** \_\_\_\_\_**20) Confidence rating:** \_\_\_\_\_**21) Length of Session:** \_\_\_\_\_ min.**Staff Initials:** \_\_\_\_\_**Contact #4 – Telephone****22) DATE:** \_\_\_\_\_  
MM/DD/YY**23) Smoking?** \_\_\_\_\_ YES (00) \_\_\_\_\_ NO (01)**24) If YES: Average # cigarettes smoked per day in past week:** \_\_\_\_\_ (Code 99 if did not smoke)**25) Number of drinks with alcohol consumed in the past week:** \_\_\_\_\_**26) Length of Session:** \_\_\_\_\_ min.**Staff Initials:** \_\_\_\_\_

**Form 290: Self-Guided Program  
BP Check-in Appointment**

1. **Date Attended:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy)\*

**\*If did not attend, code 99/99/99**

2. **BLOOD PRESSURE Reading 1:** \_\_\_\_\_ / \_\_\_\_\_

3. **BLOOD PRESSURE Reading 2:** \_\_\_\_\_ / \_\_\_\_\_ \*

\*Take 2<sup>nd</sup> reading only if first is over 140/90

4. **Taking Zyban? YES (1) NO (0) Ineligible/Not Rx (7)**

5. **Any side effects using Zyban?**

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6. **Using NRT? YES (1) NO (0) Ineligible/Not Rx (7)**

7. **Any side effects using NRT?**

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8. **Follow-up with pharmacists (if needed)**

**Date:** \_\_\_\_\_

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9. **Follow-up with subject: 3-mo f/u target date:** \_\_\_\_\_

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**Staff Initials:** \_\_\_\_\_

## Project HITCH

Program Start Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

90 Day Follow-up Target Date: \_\_\_\_\_

Participant Number: \_\_\_\_\_

### Form 300: 3-Month Follow-Up

1. Since you entered this program about 3 months ago, did you set a quit date?

\_\_\_\_\_ No (0) **If No, skip to Question 3**      \_\_\_\_\_ Yes (1) **If yes, answer Question 2**

2. Did you stop smoking cigarettes on your quit date for at least 24 hours without taking even one puff?

\_\_\_\_\_ No (0)      \_\_\_\_\_ Yes (1)      \_\_\_\_\_ Not Applicable (8)

**Note: In all of the following questions, a “quit attempt” is defined as going at least 24 hours without taking even one puff of a cigarette.**

3. Since you entered this program about 3 months ago, how many total quit attempts have you made? \_\_\_\_\_ quit attempts

4. Since you entered this program about 3 months ago, what is the **longest** number of consecutive days you have gone without smoking, not even one puff? \_\_\_\_\_ days

5. Since you entered this program about 3 months ago, which factors posed the greatest challenge to your attempt(s) to quit smoking? **(check all that apply)**

- \_\_\_\_\_ None, I quit without any problems (0)
- \_\_\_\_\_ Others not being supportive of my stopping smoking (1)
- \_\_\_\_\_ Withdrawal symptoms when I tried to stop (2)
- \_\_\_\_\_ Weight gain (3)
- \_\_\_\_\_ Lack of motivation (4)
- \_\_\_\_\_ A particularly stressful time in my life (5)
- \_\_\_\_\_ Other reason(s): \_\_\_\_\_ (6)
- \_\_\_\_\_ None, I did not attempt to quit (7)

6. Since you entered this program about 3 months ago, what has **most** influenced you to try and quit smoking? **(check one only)**

- \_\_\_\_\_ Nothing specific (0)
- \_\_\_\_\_ My health (1)
- \_\_\_\_\_ Health of a family member or friend (2)
- \_\_\_\_\_ Financial cost of smoking (3)
- \_\_\_\_\_ Pressure from others (4)
- \_\_\_\_\_ Inconvenient to smoke when and where I want (5)
- \_\_\_\_\_ Other, Describe: \_\_\_\_\_ (6)

7. Since you entered this program about 3 months ago, have you used any other methods in attempting to stop smoking? (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> None, on my own (0)                         | <input type="checkbox"/> Acupuncture (5)        | <input type="checkbox"/> Nicotine nasal spray (9)           |
| <input type="checkbox"/> Gradual reduction (1)                       | <input type="checkbox"/> Counseling/therapy (6) | <input type="checkbox"/> Support Group (10)                 |
| <input type="checkbox"/> Self-help books (2)                         | <input type="checkbox"/> Nicotine gum (7)       | <input type="checkbox"/> HAWC Tobacco Cessation Class (11)  |
| <input type="checkbox"/> Hypnosis (3)                                | <input type="checkbox"/> Nicotine inhaler (8)   | <input type="checkbox"/> Other Tobacco Cessation Class (12) |
| <input type="checkbox"/> None, because I did not attempt to quit (4) |   | <input type="checkbox"/> Other: _____ (13)                  |

For questions 8 through 16, using the 5-point scales below check the number that **BEST describes how you felt** during your ***MOST RECENT* serious quit attempt** (this would be your successful quit attempt if you have stopped smoking).

**Note:** *If you have not attempted to quit, CHECK HERE AND SKIP TO Question 17.*

\_\_\_\_\_ **I did not attempt to quit** (Note to coder: Code questions 8 – 16 as 9)

8. Angry, irritable, frustrated

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

9. Anxious, nervous

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

10. Depressed mood, sad

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

11. Desire or craving to smoke

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

12. Difficulty concentrating

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

13. Increased appetite, hungry, weight gain

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

14. Insomnia, sleep problems

0 ————— 1 ————— 2 ————— 3 ————— 4  
 None      Slight                  Mild                  Moderate                  Severe

15. Awakening at night

0 ————— 1 ————— 2 ————— 3 ————— 4  
 None      Slight                  Mild                  Moderate                  Severe

16. Restless

0 ————— 1 ————— 2 ————— 3 ————— 4  
 None      Slight                  Mild                  Moderate                  Severe

17. If you have not quit smoking, how soon after you wake up do you smoke your first cigarette?  
 (check one box, or check not applicable if you have quit smoking)

0                                  1                                  2                                  3  
☐ ----- ☐ ----- ☐ ----- ☐  
 After 60 min.                  31 to 60 min.                  6 to 30 min.                  Within 5 min.

\_\_\_\_\_ Not applicable, I have quit smoking (8)

18. When you entered this program about 3 months ago you said your goal was to not smoke cigarettes. **At this moment, how important** is it that you meet this goal? **If you have quit, write 888 (not applicable) as your answer.**

0 ————— 25 ————— 50 ————— 75 ————— 100  
 |                                  |                                  |                                  |                                  |  
 Not important      Less important      About as      More important      The most  
 At all                  than most of the      important as most      than most of the      important  
                                 other things I      of the other things      other things      thing in my  
                                 would like to      I would like to      I would like to      life I would like  
                                 achieve now      achieve now      achieve now      to achieve now

**Write the importance rating of meeting your goal (from 0 to 100) here:** \_\_\_\_\_

19. When you entered this program about 3 months ago you said your goal was to not smoke cigarettes. **At this moment, how confident** are you that you will meet this goal? **If you have quit, write 888 (not applicable) as your answer.**

0 ————— 25 ————— 50 ————— 75 ————— 100  
 |                                  |                                  |                                  |                                  |  
 I do not think      I have a 25%      I have a 50%      I have a 75%      I think I will  
 I will meet      chance of meeting      chance of meeting      chance of meeting      definitely meet  
 this goal      this goal      this goal      this goal      this goal

**Write your confidence rating (from 0% to 100%) here:** \_\_\_\_\_

20. **Since you entered this program about 3 months ago**, on **average** how many days per week (0–7) did you drink alcohol: \_\_\_\_\_ **Days**
21. **Since you entered this program about 3 months ago**, when you did drink, on **average** how many standard drinks would you have had in a day?  
(1 **Standard Drink** = 12 oz beer, 5 oz 12% wine, 1.5 oz hard liquor straight or in a mixed drink)  
\_\_\_\_\_ **Standard drinks**
22. **Since you entered this program about 3 months ago**, how many times have you had **5 or more** standard drinks in one day: \_\_\_\_\_ **Times**
23. **Since you entered this program about 3 months ago**, have you participated in an alcohol treatment program, including ADAPT?  
\_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)
24. **Since you entered this program about 3 months ago**, have you participated in a **mandatory** military weight management program (BCIP)?  
\_\_\_\_ No (0)  
\_\_\_\_ Yes (1)  
\_\_\_\_ Not Applicable, not in the military (8)
25. **Since you entered this program about 3 months ago**, have you enrolled in a **voluntary** weight management program?  
\_\_\_\_ No (0)  
\_\_\_\_ Yes (1)
26. When you are at work, which of the following best describes what you do? Would you say?  
(**check one only**)  
\_\_\_\_ Mostly sitting or standing (0)  
\_\_\_\_ Mostly walking or (1)  
\_\_\_\_ Mostly heavy labor or physically demanding work (2)

**We are interested in two types of physical activity – vigorous and moderate. *Vigorous* activities cause large increases in breathing or heart rate while *moderate* activities cause small increases in breathing or heart rate.**

27. Now, thinking about the **moderate** activities you do in a usual week, since you entered this program about 3 months ago, do you do **moderate** activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?  
\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

28. Since you entered this program about 3 months ago, how many days per week do you do these **moderate** activities for at least 10 minutes?

\_\_\_ \_\_\_ Days per week

29. Since you entered this program about 3 months ago, on days when you do **moderate** activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

\_\_:\_\_ \_\_\_ Hours and minutes per day

30. Since you entered this program about 3 months ago, thinking about the vigorous activities you do in a usual week, do you do **vigorous** activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

\_\_\_\_\_No (0) \_\_\_\_\_Yes (1)

31. Since you entered this program about 3 months ago, how many days per week do you do these **vigorous** activities for at least 10 minutes at a time?

\_\_\_ \_\_\_ Days per week

32. Since you entered this program about 3 months ago, on days when you do **vigorous** activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

\_\_:\_\_ \_\_\_ Hours and minutes per day

**Go on to the next page**



**Over the last 2 weeks**, how often have you been bothered by any of the following problem

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
33. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Trouble falling/staying asleep, sleep too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
<input type="checkbox"/> Not difficult at all (0) <input type="checkbox"/> Somewhat difficult (1) <input type="checkbox"/> Very difficult (2) <input type="checkbox"/> Extremely difficult (3)				
43. In the past <b>two years</b> have you felt depressed or sad most days, even if you felt okay sometimes?				
<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)				

**Project HITCH**

Program Start Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

90 Day Follow-up Target Date: \_\_\_\_\_

Participant Number: \_\_\_\_\_

**Form 315: 3-Month Phone Follow-Up**

*Since we have been unable to schedule you for an in person 3-month follow-up interview, would you mind taking about 5 minutes to answer a few questions over the phone.*

1. Did you smoke, even puff on a cigarette, during the 7 days, from \_\_\_\_\_ to \_\_\_\_\_?  
\_\_\_\_ No (0) \_\_\_\_ Yes (1) **If yes, ask questions 2 - 8**

2-8 introduction: How many cigarettes, even as puff, did you smoke on each of the past 7 days starting with yesterday? (Note: Even one puff counts as one cigarette.)

2. Yesterday: \_\_\_\_\_

3. \_\_\_\_\_, 2 days ago: \_\_\_\_\_  
insert day name

4. \_\_\_\_\_, 3 days ago: \_\_\_\_\_  
insert day name

5. \_\_\_\_\_, 4 days ago: \_\_\_\_\_  
insert day name

6. \_\_\_\_\_, 5 days ago: \_\_\_\_\_  
insert day name

7. \_\_\_\_\_, 6 days ago: \_\_\_\_\_  
insert day name

8. \_\_\_\_\_, 7 days ago: \_\_\_\_\_  
insert day name

9. Since you entered this study, have you attended another Tobacco Cessation Program?

\_\_\_\_ No (0)

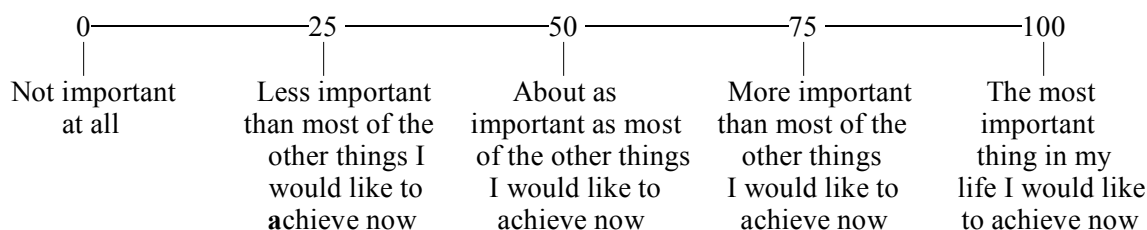
\_\_\_\_ Yes, AF Tobacco Cessation Class (1)

\_\_\_\_ Yes, other program (specify:) \_\_\_\_\_ (2)

10. Since entering this study, how many attempts have you made to quit smoking (quit attempt = at least 24-hour period without smoking)?

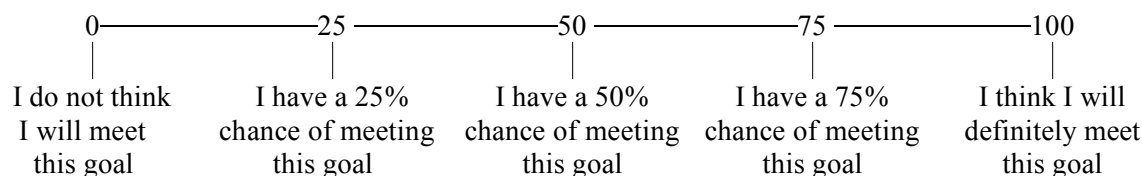
\_\_\_\_\_ attempts to quit smoking

11. When you entered this program about 3 months ago you said your goal was to not smoke cigarettes. **At this moment, how important** is it that you meet this goal using the following scale?



Write their importance rating here: \_\_\_\_\_

12. When you entered this program about 3 months ago you said your goal was to not smoke cigarettes. **At this moment, how confident** are you that you will meet this goal?



Write their confidence rating (from 0% to 100%) here: \_\_\_\_\_

13. Since you entered this program about 3 months ago, on **average** how many days per week (0–7) did you drink alcohol: \_\_\_\_\_

14. Since you entered this program about 3 months ago, when you did drink, on **average** how many standard drinks would you have had in a day?

(1 Standard Drink = 12 oz beer, 5 oz 12% wine, 1.5 oz hard liquor straight or in a mixed drink)

\_\_\_\_\_ standard drinks

15. Since you entered this program about 3 months ago, how many days have you had **5 or more** standard drinks in one day: \_\_\_\_\_ days

16. Since you entered this program about 3 months ago, have you been involved in any alcohol treatment? \_\_\_ No (0) \_\_\_ Yes (1)

If yes, please describe \_\_\_\_\_

17. Please estimate your current weight: \_\_\_\_\_ lbs

18. Since your last follow-up interview about 3 months ago, have there been any changes in your military status? \_\_\_ Unchanged (0) **Stop here** \_\_\_ Changed (1) **Answer question 19**

19. **How did your military status change:** \_\_\_ Separated (0) \_\_\_ Retired (1)  
\_\_\_ other (2) (please describe) \_\_\_\_\_ NA, unchanged (8)

**Form 330: 3-Month Measures**

1. **Date of Interview:** \_\_\_\_\_(mm/dd/yy)  
**Target Date for 90-day Follow-Up:** \_\_\_\_\_(mm/dd/yy)
2. **WEIGHT:** \_\_\_\_\_ • \_\_\_\_lbs.
3. **BLOOD PRESSURE Reading 1:** \_\_\_\_\_ / \_\_\_\_\_
4. **BLOOD PRESSURE Reading 2:** \_\_\_\_\_ / \_\_\_\_\_ \*  
\*only required if first reading is above 140/90. If not needed code as 999/999
5. **CO Level :** \_\_\_\_\_ ppm
6. **SMOKING During the 7 Days Prior to Interview?** \_\_\_\_No \_\_\_\_Yes  
(see Tobacco Timeline for quit status)  
  
If YES, go to Question 7.
7. **Randomized to:** ☐ **Booster Experimental (0)**  
☐ **Booster Control (1)**  
☐ **Not Assigned to Booster Study (8)**

Date: \_\_\_\_\_ Target Date for 90-day Follow-up: \_\_\_\_\_

**Form 340: End of Treatment Participant Evaluation****PLEASE CIRCLE THE NUMBER INDICATING HOW HELPFUL YOU FOUND EACH OF THE FOLLOWING FACTORS:****1. Seeing the ads for the HITCH study**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**2. Being recruited into the HITCH study**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**3. Completing the questionnaires**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**4. Promotional materials (e. g., pens, stress balls)**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**5. Sessions with counselors**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**6. Handouts I received**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**7. Setting a quit date**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Did not set

**8. Stop and Think Card**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**9. The weight control part of the study**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

## Project HITCH

### 10. The alcohol reduction part of the study

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

### 11. Zyban (bupropion)

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

### 12. Nicotine Patch

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

### 13. Friends and/or relatives supportive of my stopping smoking

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

### 14. Other helpful factor: \_\_\_\_\_

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Nothing

### 15. Other helpful factor: \_\_\_\_\_

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Nothing

Date: \_\_\_\_\_ Target Date for 90-day Follow-up: \_\_\_\_\_

**Form 345: End of Treatment Participant Evaluation****PLEASE CIRCLE THE NUMBER INDICATING HOW HELPFUL YOU FOUND EACH OF THE FOLLOWING FACTORS:****1. Seeing the ads for the HITCH study**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**2. Being recruited into the HITCH study**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**3. Completing the questionnaires**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**4. Promotional materials (e. g., pens, stress balls)**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**5. Interaction with counselors**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**6. Handouts I received**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**7. Setting a quit date**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Did not set

**8. Zyban (bupropion)**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

**9. Nicotine Patch**

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

## Project HITCH

### 10. Friends and/or relatives supportive of my stopping smoking

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Not used

### 11. Other helpful factor: \_\_\_\_\_

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Nothing

### 12. Other helpful factor: \_\_\_\_\_

1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 0  
Not at helpful                      Somewhat Helpful                      Very helpful                      Nothing



## Form 370: Medical Compliance Questionnaire

**Zyban**

1. \_\_\_\_\_ Did not use (0) \_\_\_\_\_ Using now (1) \_\_\_\_\_ Used but stopped using (2)  
Date started: \_\_\_\_\_ Date stopped, if stopped: \_\_\_\_\_
2. Took as prescribed? \_\_\_\_\_ Yes (1) \_\_\_\_\_ No (0) If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Side effects experienced:
- |                     |                        |                                 |
|---------------------|------------------------|---------------------------------|
| _____ None (0)      | _____ Constipation (4) | _____ Other (8) Describe: _____ |
| _____ Headache (1)  | _____ Insomnia (5)     | _____                           |
| _____ Dry Mouth (2) | _____ Dizziness (6)    |                                 |
| _____ Nausea (3)    | _____ Pharyngitis (7)  |                                 |
4. Weeks taken:
- |                             |                    |                              |
|-----------------------------|--------------------|------------------------------|
| _____ Less than 1 week (01) | _____ 4 weeks (05) | _____ 7 weeks (08)           |
| _____ 1 week (02)           | _____ 5 weeks (06) | _____ 8 weeks (09)           |
| _____ 2 weeks (03)          | _____ 6 weeks (07) | _____ More than 8 weeks (10) |
| _____ 3 weeks (04)          |                    |                              |

**NRT patch**

5. \_\_\_\_\_ Did not use (0) \_\_\_\_\_ Using now (1) \_\_\_\_\_ Used but stopped using (2)  
Date started: \_\_\_\_\_ Date stopped, if stopped: \_\_\_\_\_
6. Weeks used:
- | <b>21 mg</b>           | <b>14 mg</b>           | <b>7 mg</b>            |
|------------------------|------------------------|------------------------|
| _____ Did not use (00) | _____ Did not use (05) | _____ Did not use (10) |
| _____ 1 week (01)      | _____ 1 week (06)      | _____ 1 week (11)      |
| _____ 2 weeks (02)     | _____ 2 weeks (07)     | _____ 2 weeks (12)     |
| _____ 3 weeks (03)     | _____ 3 weeks (08)     | _____ 3 weeks (13)     |
| _____ 4 weeks (04)     | _____ 4 weeks (09)     | _____ 4 weeks (14)     |
7. Took as prescribed? \_\_\_\_\_ Yes (1) \_\_\_\_\_ No (0) If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Side effects experienced:
- |                                |                                |                                 |
|--------------------------------|--------------------------------|---------------------------------|
| _____ None (0)                 | _____ Nausea (3)               | _____ Other (8) Describe: _____ |
| _____ High blood pressure (1)  | _____ Rash/redness of skin (4) |                                 |
| _____ Itching/burning skin (2) | _____ Dizziness (5)            |                                 |

## Project HITCH

Program Start Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

180 Day Follow-up Target Date: \_\_\_\_\_

Participant Number: \_\_\_\_\_

### Form 400: 6-Month Follow-Up

**Note: In all of the following questions, a “quit attempt” is defined as going at least 24 hours without taking even one puff of a cigarette.**

1. **Since your last follow-up interview about 3 months ago**, how many total quit attempts have you made? \_\_\_\_\_ quit attempts
2. **Since your last follow-up interview about 3 months ago**, which factors posed the greatest challenge to your attempt(s) to quit smoking? **(check all that apply)**
  - \_\_\_\_\_ None, I quit without any problems (0)
  - \_\_\_\_\_ Others not being supportive of my stopping smoking (1)
  - \_\_\_\_\_ Withdrawal symptoms when I tried to stop (2)
  - \_\_\_\_\_ Weight gain (3)
  - \_\_\_\_\_ Lack of motivation (4)
  - \_\_\_\_\_ A particularly stressful time in my life (5)
  - \_\_\_\_\_ Other reason(s): \_\_\_\_\_ (6)
  - \_\_\_\_\_ None, I did not attempt to quit (7)
3. **Since your last follow-up interview about 3 months ago**, what has **most** influenced you to try and quit smoking? **(check one only)**
  - \_\_\_\_\_ Nothing specific (0)
  - \_\_\_\_\_ My health (1)
  - \_\_\_\_\_ Health of a family member or friend (2)
  - \_\_\_\_\_ Financial cost of smoking (3)
  - \_\_\_\_\_ Pressure from others (4)
  - \_\_\_\_\_ Inconvenient to smoke when and where I want (5)
  - \_\_\_\_\_ Other, Describe: \_\_\_\_\_ (6)
4. **Since your last follow-up interview about 3 months ago**, have you used any other methods in attempting to stop smoking? **(Check all that apply)**

_____ None, on my own (0)	_____ Acupuncture (5)	_____ Nicotine nasal spray (9)
_____ Gradual reduction (1)	_____ Counseling/therapy (6)	_____ Support Group (10)
_____ Self-help books (2)	_____ Nicotine gum (7)	_____ HAWC Tobacco Cessation Class (11)
_____ Hypnosis (3)	_____ Nicotine inhaler (8)	_____ Other Tobacco Cessation Class (12)
_____ None, because I did not attempt to quit (4)	_____ Other: _____ (13)	

5. If you have not attempted to quit, CHECK HERE AND SKIP TO Question 15.

\_\_\_\_\_ I did not attempt to quit (Note to coder: Code questions 6 – 14 as 9)

For questions 6 through 14, using the 5-point scales below check the number that **BEST** describes how you felt during your ***MOST RECENT*** serious quit attempt (this would be your successful quit attempt if you have stopped smoking).

6. Angry, irritable, frustrated

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

7. Anxious, nervous

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

8. Depressed mood, sad

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

9. Desire or craving to smoke

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

10. Difficulty concentrating

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

11. Increased appetite, hungry, weight gain

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

12. Insomnia, sleep problems

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

13. Awakening at night

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

0 1 2 3 4  
None Slight Mild Moderate Severe

0 1 2 3

□ □ □ □

After 60 min. 31 to 60 min. 6 to 30 min. Within 5 min.

16. When you entered this program about 6 months ago you said your goal was to not smoke cigarettes. **At this moment, how important is it that you meet this goal? ? If you have quit, write 888 (not applicable) as your answer.**



0 25 50 75 100

I do not think I will meet this goal

I have a 25% chance of meeting this goal

I have a 50% chance of meeting this goal

I have a 75% chance of meeting this goal

I think I will definitely meet this goal

20. Since your last follow-up interview about 3 months ago, how many times have you had 5 or more standard drinks on one occasion: Times

21. **Since your last follow-up interview about 3 months ago**, have you participated in an alcohol treatment program, including ADAPT?

\_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

22. **Since your last follow-up interview about 3 months ago**, have you participated in a **mandatory** military weight management program (BCIP)?

\_\_\_\_\_ No (0)

\_\_\_\_\_ Yes (1)

\_\_\_\_\_ Not Applicable, not in military (2)

23. **Since your last follow-up interview about 3 months ago**, have you enrolled in a **voluntary** weight management program?

\_\_\_\_\_ No (0)

\_\_\_\_\_ Yes (1)

24. When you are at work, which of the following best describes what you do? Would you say?

**(check one only)**

\_\_\_\_\_ Mostly sitting or standing (0)

\_\_\_\_\_ Mostly walking or (1)

\_\_\_\_\_ Mostly heavy labor or physically demanding work (2)

**We are interested in two types of physical activity – vigorous and moderate. *Vigorous* activities cause large increases in breathing or heart rate while *moderate* activities cause small increases in breathing or heart rate.**

25. Now, thinking about the **moderate** activities you do in a usual week, **since your last follow-up interview about 3 months ago**, do you do **moderate** activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

\_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

26. **Since your last follow-up interview about 3 months ago**, how many days per week do you do these **moderate** activities for at least 10 minutes?

\_\_\_ \_\_\_ Days per week

27. **Since your last follow-up interview about 3 months ago**, on days when you do **moderate** activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

\_\_\_:\_\_\_ \_\_\_ Hours and minutes per day

28. **Since your last follow-up interview about 3 months ago**, thinking about the vigorous activities you do in a usual week, do you do **vigorous** activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

\_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

29. **Since your last follow-up interview about 3 months ago**, how many days per week do you do these **vigorous** activities for at least 10 minutes at a time?

\_\_\_ \_\_\_ Days per week

30. **Since your last follow-up interview about 3 months ago**, on days when you do **vigorous** activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

\_\_:\_\_ \_\_\_ Hours and minutes per day

**Go on to the next page**

Over the last 2 weeks, how often have you been bothered by any of the following problem

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
31. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Trouble falling/staying asleep, sleep too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
<input type="checkbox"/> Not difficult at all (0) <input type="checkbox"/> Somewhat difficult (1) <input type="checkbox"/> Very difficult (2) <input type="checkbox"/> Extremely difficult (3)				
41. In the past <b>two years</b> have you felt depressed or sad most days, even if you felt okay sometimes?				
<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)				

**Project HITCH**

Program Start Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

180 Day Follow-up Target Date: \_\_\_\_\_

Participant Number: \_\_\_\_\_

**Form 415: 6-Month Phone Follow-Up**

*Since we have been unable to schedule you for an in person 6-month follow-up interview, would you mind taking about 5 minutes to answer a few questions over the phone.*

1. Did you smoke, even puff on a cigarette, during the 7 days, from \_\_\_\_\_ to \_\_\_\_\_?  
\_\_\_\_ No (0) \_\_\_\_ Yes (1) **If yes, ask questions 2 - 8**

2-8 introduction: How many cigarettes, even as puff, did you smoke on each of the past 7 days starting with yesterday? (Note: Even one puff counts as one cigarette.)

2. Yesterday: \_\_\_\_\_

3. \_\_\_\_\_, 2 days ago: \_\_\_\_\_  
insert day name

4. \_\_\_\_\_, 3 days ago: \_\_\_\_\_  
insert day name

5. \_\_\_\_\_, 4 days ago: \_\_\_\_\_  
insert day name

6. \_\_\_\_\_, 5 days ago: \_\_\_\_\_  
insert day name

7. \_\_\_\_\_, 6 days ago: \_\_\_\_\_  
insert day name

8. \_\_\_\_\_, 7 days ago: \_\_\_\_\_  
insert day name

9. Since your last follow-up interview about 3 months ago, have you attended another Tobacco Cessation Program?

\_\_\_\_ No (0)

\_\_\_\_ Yes, AF Tobacco Cessation Class (1)

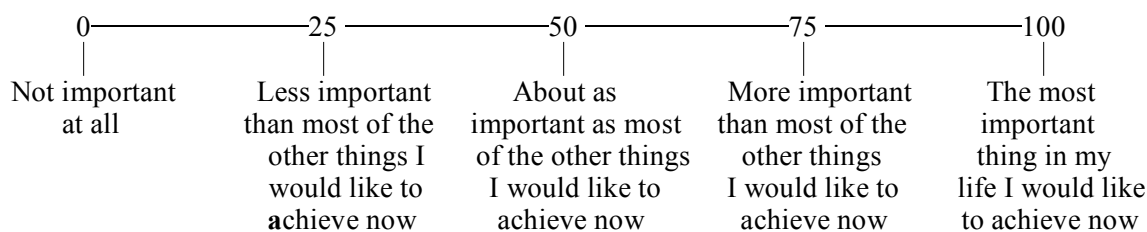
\_\_\_\_ Yes, other program (specify:) \_\_\_\_\_ (2)

10. Since your last follow-up interview about 3 months ago, how many attempts have you made to quit smoking (quit attempt = at least 24-hour period without smoking)?

\_\_\_\_\_ attempts to quit smoking

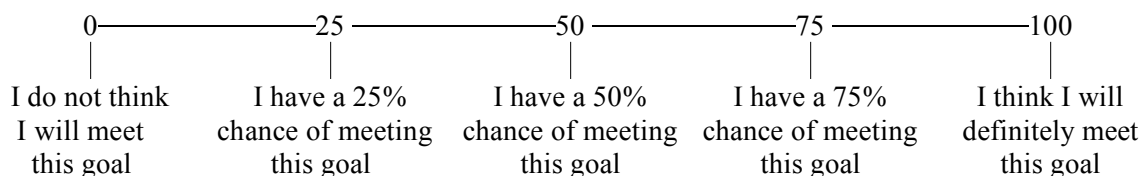


11. When you entered this program about 6 months ago you said your goal was to not smoke cigarettes. **At this moment, how important** is it that you meet this goal using the following scale?



**Write their importance rating here:** \_\_\_\_\_

12. When you entered this program about 6 months ago you said your goal was to not smoke cigarettes. **At this moment, how confident** are you that you will meet this goal?



**Write their confidence rating (from 0% to 100%) here:** \_\_\_\_\_

13. Since your last follow-up interview about 3 months ago, on average how many days per week (0–7) did you drink alcohol: \_\_\_\_\_
14. Since your last follow-up interview about 3 months ago, when you did drink, on average how many standard drinks would you have had in a day?  
(1 standard drink = 12 oz beer, 5 oz 12% wine, 1.5 oz hard liquor straight or in a mixed drink)  
\_\_\_\_ standard drinks
15. Since your last follow-up interview about 3 months ago, how many days have you had **5 or more** standard drinks in one day: \_\_\_\_\_ days
16. Since your last follow-up interview about 3 months ago, have you been involved in any alcohol treatment? \_\_\_\_ No (0) \_\_\_\_ Yes (1)  
**If yes, please describe** \_\_\_\_\_
17. Please estimate your current weight: \_\_\_\_\_ lbs
18. Since your last follow-up interview about 3 months ago, have there been any changes in your military status? \_\_\_\_ Unchanged (0) **Stop here** \_\_\_\_ Changed (1) **Answer question 19**
19. **How did your military status change:** \_\_\_\_ Separated (0) \_\_\_\_ Retired (1)  
\_\_\_\_ other (2) (please describe) \_\_\_\_\_ \_\_\_\_ NA, unchanged (8)

**Form 430: 6-Month Measures**

1. **Date of Interview:** \_\_\_\_\_ (mm/dd/yy)

**Target Date for 180-day Follow-Up:** \_\_\_\_\_(mm/dd/yy)

2. **WEIGHT:** \_\_\_\_\_ . \_\_\_\_lbs.

3. **BLOOD PRESSURE Reading 1:** \_\_\_\_ / \_\_\_\_

4. **BLOOD PRESSURE Reading 2:** \_\_\_\_ / \_\_\_\_ \*

\*only required if first reading is above 140/90. If not needed code as 999/999

5. **CO Level:** \_\_\_\_\_ ppm

## Project HITCH

Program Start Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

360 Day Follow-up Target Date: \_\_\_\_\_

Participant Number: \_\_\_\_\_

### Form 500: 12-Month Follow-Up

**Note: In all of the following questions, a "quit attempt" is defined as going at least 24 hours without taking even one puff of a cigarette.**

1. **Since your last follow-up interview about 6 months ago**, how many total quit attempts have you made? \_\_\_\_\_ quit attempts
2. **Since your last follow-up interview about 6 months ago**, which factors posed the greatest challenge to your attempt(s) to quit smoking? **(check all that apply)**
  - \_\_\_\_\_ None, I quit without any problems (0)
  - \_\_\_\_\_ Others not being supportive of my stopping smoking (1)
  - \_\_\_\_\_ Withdrawal symptoms when I tried to stop (2)
  - \_\_\_\_\_ Weight gain (3)
  - \_\_\_\_\_ Lack of motivation (4)
  - \_\_\_\_\_ A particularly stressful time in my life (5)
  - \_\_\_\_\_ Other reason(s): \_\_\_\_\_ (6)
  - \_\_\_\_\_ None, I did not attempt to quit (7)
3. **Since your last follow-up interview about 6 months ago**, what has **most** influenced you to try and quit smoking? **(check one only)**
  - \_\_\_\_\_ Nothing specific (0)
  - \_\_\_\_\_ My health (1)
  - \_\_\_\_\_ Health of a family member or friend (2)
  - \_\_\_\_\_ Financial cost of smoking (3)
  - \_\_\_\_\_ Pressure from others (4)
  - \_\_\_\_\_ Inconvenient to smoke when and where I want (5)
  - \_\_\_\_\_ Other, Describe: \_\_\_\_\_ (6)
4. **Since your last follow-up interview about 6 months ago**, have you used any other methods in attempting to stop smoking? **(Check all that apply)**

_____ None, on my own (0)	_____ Acupuncture (5)	_____ Nicotine nasal spray (9)
_____ Gradual reduction (1)	_____ Counseling/therapy (6)	_____ Support Group (10)
_____ Self-help books (2)	_____ Nicotine gum (7)	_____ HAWC Tobacco Cessation Class (11)
_____ Hypnosis (3)	_____ Nicotine inhaler (8)	_____ Other Tobacco Cessation Class (12)
_____ None, because I did not attempt to quit (4)	_____ Other: _____	_____ (13)

5. If you have not attempted to quit, CHECK HERE AND SKIP TO Question 15.

\_\_\_\_\_ I did not attempt to quit (Note to coder: Code questions 6 – 14 as 9)

For questions 6 through 14, using the 5-point scales below check the number that **BEST** describes how you felt during your ***MOST RECENT*** serious quit attempt (this would be your successful quit attempt if you have stopped smoking).

6. Angry, irritable, frustrated

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

7. Anxious, nervous

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

8. Depressed mood, sad

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

9. Desire or craving to smoke

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

10. Difficulty concentrating

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

11. Increased appetite, hungry, weight gain

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

12. Insomnia, sleep problems

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

13. Awakening at night

0 ————— 1 ————— 2 ————— 3 ————— 4  
None      Slight              Mild              Moderate              Severe

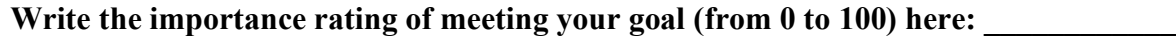
0 1 2 3 4  
None Slight Mild Moderate Severe

0 1 2 3

□ □ □ □

After 60 min. 31 to 60 min. 6 to 30 min. Within 5 min.

16. When you entered this program about 12 months ago you said your goal was to not smoke cigarettes. **At this moment, how important is it that you meet this goal? ? If you have quit, write 888 (not applicable) as your answer.**



0 25 50 75 100

I do not think I will meet this goal

I have a 25% chance of meeting this goal

I have a 50% chance of meeting this goal

I have a 75% chance of meeting this goal

I think I will definitely meet this goal

20. **Since your last follow-up interview about 6 months ago, how many times have you had 5 or more standard drinks in one day:** **Times**

21. **Since your last follow-up interview about 6 months ago**, have you participated in an alcohol treatment program, including ADAPT?

\_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

22. **Since your last follow-up interview about 6 months ago**, have you participated in a **mandatory** military weight management program (BCIP)?

\_\_\_\_\_ No (0)

\_\_\_\_\_ Yes (1)

\_\_\_\_\_ Not Applicable, not in military (2)

23. **Since your last follow-up interview about 6 months ago**, have you enrolled in a **voluntary** weight management program?

\_\_\_\_\_ No (0)

\_\_\_\_\_ Yes (1)

24. When you are at work, which of the following best describes what you do? Would you say?  
**(check one only)**

\_\_\_\_\_ Mostly sitting or standing (0)

\_\_\_\_\_ Mostly walking or (1)

\_\_\_\_\_ Mostly heavy labor or physically demanding work (2)

**We are interested in two types of physical activity – vigorous and moderate. *Vigorous* activities cause large increases in breathing or heart rate while *moderate* activities cause small increases in breathing or heart rate.**

25. Now, thinking about the **moderate** activities you do in a usual week, **since your last follow-up interview about 6 months ago**, do you do **moderate** activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

\_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

26 **Since your last follow-up interview about 6 months ago**, how many days per week do you do these **moderate** activities for at least 10 minutes?

\_\_\_ \_\_\_ Days per week

27. **Since your last follow-up interview about 6 months ago**, on days when you do **moderate** activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

\_\_\_:\_\_\_ \_\_\_ Hours and minutes per day

28. **Since your last follow-up interview about 6 months ago**, thinking about the vigorous activities you do in a usual week, do you do **vigorous** activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

\_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1)

29. **Since your last follow-up interview about 6 months ago**, how many days per week do you do these **vigorous** activities for at least 10 minutes at a time?

\_\_\_ \_\_\_ Days per week

30. **Since your last follow-up interview about 6 months ago**, on days when you do **vigorous** activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

\_\_:\_\_ \_\_\_ Hours and minutes per day

**Go on to the next page**

Over the last 2 weeks, how often have you been bothered by any of the following problem

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
31. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Trouble falling/staying asleep, sleep too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
<input type="checkbox"/> Not difficult at all (0) <input type="checkbox"/> Somewhat difficult (1) <input type="checkbox"/> Very difficult (2) <input type="checkbox"/> Extremely difficult (3)				
41. In the past <b>two years</b> have you felt depressed or sad most days, even if you felt okay sometimes?				
<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)				



**Project HITCH**

Program Start Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

360 Day Follow-up Target Date: \_\_\_\_\_

Participant Number: \_\_\_\_\_

**Form 515: 12-Month Phone Follow-Up**

*Since we have been unable to schedule you for an in person 12-month follow-up interview, would you mind taking about 5 minutes to answer a few questions over the phone.*

1. Did you smoke, even puff on a cigarette, during the 7 days, from \_\_\_\_\_ to \_\_\_\_\_?  
\_\_\_\_ No (0) \_\_\_\_ Yes (1) **If yes, ask questions 2 - 8**

2-8 introduction: How many cigarettes, even as puff, did you smoke on each of the past 7 days starting with yesterday? (Note: Even one puff counts as one cigarette.)

2. Yesterday: \_\_\_\_\_

3. \_\_\_\_\_, 2 days ago: \_\_\_\_\_  
insert day name

4. \_\_\_\_\_, 3 days ago: \_\_\_\_\_  
insert day name

5. \_\_\_\_\_, 4 days ago: \_\_\_\_\_  
insert day name

6. \_\_\_\_\_, 5 days ago: \_\_\_\_\_  
insert day name

7. \_\_\_\_\_, 6 days ago: \_\_\_\_\_  
insert day name

8. \_\_\_\_\_, 7 days ago: \_\_\_\_\_  
insert day name

9. Since your last follow-up interview about 6 months ago, have you attended another Tobacco Cessation Program?

\_\_\_\_ No (0)

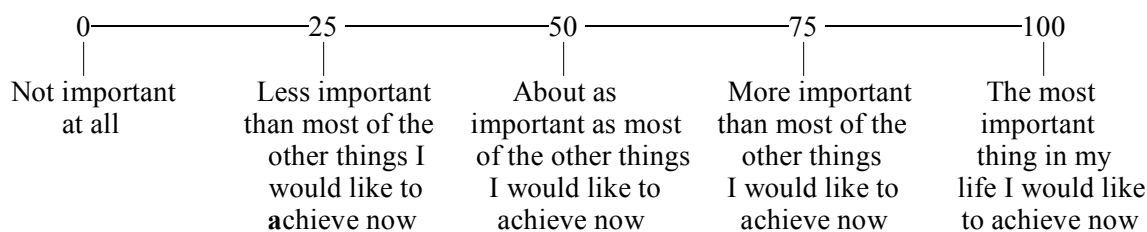
\_\_\_\_ Yes, AF Tobacco Cessation Class (1)

\_\_\_\_ Yes, other program (specify:) \_\_\_\_\_ (2)

10. Since your last follow-up interview about 6 months ago, how many attempts have you made to quit smoking (quit attempt = at least 24-hour period without smoking)?

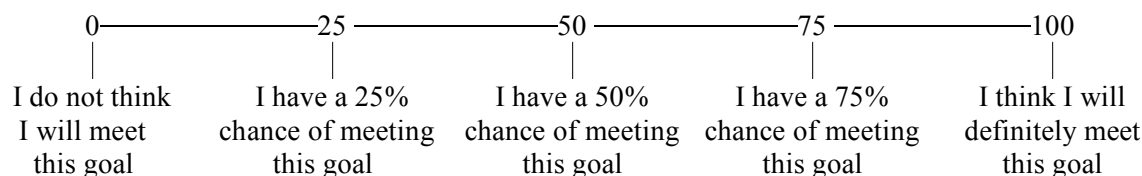
\_\_\_\_\_ attempts to quit smoking

11. When you entered this study about 12 months ago you said your goal was to not smoke cigarettes. **At this moment, how important** is it that you meet this goal using the following scale?



**Write their importance rating here:** \_\_\_\_\_

12. When you entered this study about 12 months ago you said your goal was to not smoke cigarettes. **At this moment, how confident** are you that you will meet this goal?



**Write their confidence rating (from 0% to 100%) here:** \_\_\_\_\_

13. Since your last follow-up interview about 6 months ago, on average how many days per week (0–7) did you drink alcohol: \_\_\_\_\_
14. Since your last follow-up interview about 6 months ago, when you did drink, on average how many standard drinks would you have had in a day?  
(1 standard drink = 12 oz beer, 5 oz 12% wine, 1.5 oz hard liquor straight or in a mixed drink)  
\_\_\_\_ standard drinks
15. Since your last follow-up interview about 6 months ago, how many days have you had 5 or more standard drinks in one day: . \_\_\_\_\_ days
16. Since your last follow-up interview about 6 months ago, have you been involved in any alcohol treatment? \_\_\_\_ No (0) \_\_\_\_ Yes (1)  
**If yes, please describe** \_\_\_\_\_
17. Please estimate your current weight: \_\_\_\_\_ lbs
18. Since your last follow-up interview about 3 months ago, have there been any changes in your military status? \_\_\_\_ Unchanged (0) **Stop here** \_\_\_\_ Changed (1) **Answer question 19**
19. **How did your military status change:** \_\_\_\_ Separated (0) \_\_\_\_ Retired (1)  
\_\_\_\_ other (2) (please describe) \_\_\_\_\_ \_\_\_\_ NA, unchanged (8)

## Form 530: 12-Month Measures

1. Date of Interview: \_\_\_\_\_

Target Date for 360-day Follow-Up: \_\_\_\_\_

2. WEIGHT: \_\_\_\_\_ . \_\_\_\_lbs.

3. BLOOD PRESSURE Reading 1: \_\_\_\_\_

4. BLOOD PRESSURE Reading 2: \_\_\_\_\_ \*

\*only required if first reading is above 140/90

5. CO Level: \_\_\_\_\_ ppm





# Facilitating Smoking Cessation and Preventing Relapse in Primary Care: Minimizing Weight Gain by Reducing Alcohol Consumption



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## Introduction

- Individuals who are advised to quit smoking by their medical provider face barriers that make quitting difficult or unlikely.
- One such barrier to smoking cessation in the military is concern about weight gain after quitting.
- This study targets smoking cessation and minimizing weight gain in patients seen in primary care settings.
- A unique feature of this study is the use of a harm reduction approach to reduce alcohol consumption as a means of minimizing weight gain after smoking cessation.
- In addition, it is expected that participants who reduce their alcohol consumption will have a lessened risk of relapse to smoking, since alcohol consumption is one of the strongest correlates of smoking relapse.

## Objectives

- The purpose of this study is to ascertain whether or not combining smoking cessation training with alcohol use reduction training will increase the likelihood of smoking cessation, lessen the probability of relapse, and lessen the probability of weight gain after quitting.
- In addition, this study will test the impact of a stepped-care intervention in improving smoking cessation rates among those who are unsuccessful in quitting smoking.

## Specific Aims

- This study will address three research questions:
  1. Does a weight gain minimization through an alcohol consumption reduction strategy produce higher smoking cessation rates than a control treatment?
  2. Does participation in a tobacco cessation program that includes an alcohol reduction component lessen the risk of relapse?
  3. Does providing a stepped care intervention for participants who are unsuccessful at stopping in the short-term improve long-term tobacco cessation rates?

## Methods - Design

- The first two hypotheses will be tested using a two-group randomized design.
- Eligible participants, blocked by gender, will be randomized to groups.
- For those who have not stopped smoking at the three-month follow-up, half, blocked by initial treatment condition, will be randomly assigned to receive a booster session. Follow-up will be for one year post-treatment.

## Methods - Treatment

The Treatment Conditions are as follows:

1. Brief Counselor Assisted Program: Tobacco cessation skills integrated with weight and alcohol reduction strategies, including nicotine replacement therapy (NRT) and Bupropion SR. Two in-clinic sessions and two phone sessions over a period of 8-12 weeks.
  2. Self-Guided Program: Self-help pamphlet discussing the most effective behavioral change strategies for tobacco cessation, how to minimize weight gain, and how to plan for and deal with possible relapses. Bupropion SR and NRT will be available.
- The booster session will focus on discussing barriers to smoking cessation, development of a new quit plan, and future relapse prevention.

## Relevance

- Smoking impacts personnel readiness through lower levels of physical fitness, increased risk for injuries, and more sick days.
- Despite the U.S. military's increased organizational focus on tobacco cessation, it appears that a plateau has been reached in trying to further reduce cigarette smoking using current interventions.
- While concerns about weight gain affect most individuals attempting to stop smoking, concerns in the military are heightened because of the potential impact of weight gain, increased abdominal circumference, or failure to meet the overall fitness standards.

## Participants

- The primary care clinics at Wilford Hall Medical Center will be used to identify potential study participants.
- All participants will be eligible military medical beneficiaries.

## Inclusion Criteria

1. Between 21 – 75 years of age
2. Smoke an average of 10+ cigarettes a day for the past year
3. Consume 7+ standard drinks with alcohol per week on average
4. Be concerned about gaining weight after stopping smoking
5. Planning to stay in the area for one year.



## Exclusion Criteria

1. Pregnant, breastfeeding, or planning to become pregnant.
2. Health conditions including history of seizure, head injury, eating disorder, liver disease and/or hypertension that exclude use of cessation medications.
3. Having taken prescription or nonprescription weight-loss medication within 6 months prior to screening.
4. Medical profile (case-by-case basis).
5. Weight loss of more than 10 lbs in the past 2 months
6. Enrolled in Basic Military Training or Technical School Training.
7. History of major depression
8. Use of antidepressant medication
9. Evaluation for alcohol abuse or dependency